



MARET
IMAM Response & Relief Team



Programme Book

25th IMAM Annual Scientific Conference 2024

Global Health & Humanitarian Care:
The Islamic Perspective

26th & 27th October 2024

The Everly Hotel, Putrajaya



MSD



Pfizer

sanofi

A Special Foreword by IMAM President

Dr. Muhamad Yusri Musa

President, Islamic Medical Association of Malaysia (IMAM)



Bismillahirrahmanirrahim.

In the name of Allah, the Most Gracious, the Most Merciful

Ahlan wa sahlan and Warm Welcome to the 25th Islamic Medical Association of Malaysia, Annual Scientific Conference of IMAM 2024.

Dear Participants, Brothers and Sisters, akhukum fillah.

Assalamualaikum and welcome to the Annual Scientific Conference of the Islamic Medical Association of Malaysia (IMAM) 2024!

It is with great pleasure that I extend a heartfelt welcome to all of you, distinguished delegates, esteemed speakers, and valued guests. This annual gathering serves as a pivotal platform for healthcare professionals, researchers, and students to converge, exchange knowledge, and foster innovation within the Islamic medical community.

As the President of IMAM, on behalf of the EXCOs and members of the Scientific Committee, we are truly honored to host this event. Our theme, Global Health and Humanitarian Care: The Islamic Perspective, underscores the importance of addressing the pressing health challenges faced by communities worldwide from an Islamic standpoint. We believe that this conference will provide a unique opportunity to explore cutting-edge advancements, discuss contemporary challenges, and chart the future of Islamic medicine in the context of global health.

Devastatingly, this event had to be organized whilst our Palestinian brothers and sisters are still suffering from the horrific war at the hands of the brutal

zionists . The genocidal act of the heartless and illegal occupation force was shocking and incomprehensible. A tragedy beyond humanity, beyond sanity.

Hence, the theme chosen needs to be directly related to the on going brutality endured by the Palestinians, Lebanese, Syrians, Yemenis and innocent victims in every corner of the world. We have curated a comprehensive program featuring renowned experts, engaging lectures, and thought-provoking discussions. I am confident that the insights gained from this conference will contribute significantly to the advancement of healthcare during crisis and beyond.

We are honored to have the Minister of Health, Datuk Seri Dr Dzulkifley Ahmad agreeing to deliver the keynote lecture entitled ‘ Healthcare Reform Journey ‘, an important topic to all of us in the healthcare sector.

I encourage all participants to engage actively in the various sessions, network with fellow professionals, and explore the opportunities for collaboration. Together, we can strengthen the bonds of our community and make a positive impact on the health and well-being of Muslims worldwide. The Biennial General Meeting will be held on 26th Oct, and this year marks the end of my term as the president. May Allah forgive me and the EXCOs and accept our small deeds.

Once again, welcome to the Annual Scientific Conference of IMAM 2024. May this event be a fruitful and enriching experience for all. May Allah bless us all and the ummah.

**FROM RIVER TO THE SEA, PALESTINE
WILL BE FREE.**

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MR. MUTTAQI ALI



MR. AMAL ZULKIPLI



25th IMAM Annual Scientific Conference 2024

CONFERENCE ITINERARY

Conference Day 1: 26th October 2024

08:00-08:30

● **Opening remarks** Dr Muhamad Yusri Musa, IMAM President

08:30-09:15

● **Plenary 1: Gaza in Peril: Navigating the Humanitarian Crisis**

Dr Mafeitzeral Mamat
Consultant Anaesthesiologist, Sunway Medical Centre Velocity

09.15 - 10.00

● **Az-Zahrawi Memorial Lecture:
Changes & Challanges in Relief Work : Local & Global Outlook**

Assoc. Prof. Dr Mohamed Ikram Mohamed Salleh
Anesthesiologist, An-Nur Specialist Hospital

10.00 - 10.30

● **Morning Break**

10.30 - 12.00

● **Symposium 1:
Healing Without Borders: Addressing the Health Needs of Refugees**

Utilisation of a Community-Based Sexual Reproductive Health Services for Refugees

Dr Zuraidah Che' Man
Clinical Epidemiology Specialist, Hospital Canselor Tuanku Muhriz (HCTM) Humanitarian Activist, Malaysian Relief Agency (MRA)

Beyond Survival: Holistic Health for Refugees

Dr Siti Noraida Mohamad Habibullah
Founder, Klinik Amal Muhajir, Senior Lecturer at the Jeffrey Cheah School of Medicine and Health Sciences, Monash University, Malaysia

Refugee Health: Is Malaysia moving to the right direction?

Mr. Jason Yeo
Head of Public Health,
United Nations High Commissioner For Refugee (UNHCR) Malaysia

12.00 - 12.45

● **Plenary 2 (Pfizer):
The Unique and Evidence-Based Meningococcal Vaccine for Hajj and Umrah Pilgrims**

Prof. Dato' Dr. Hj Abdul Razak Bin Abdul Muttalif

12.45 - 13.30

● **Lunch Talk 1 (Sanofi):
Vaksin Hajj & Umrah: Kaedah Agama dan Saintifik**

Dr Ahmad Faidhi Mohd Zaini
Coordinator for Fiqh Medicine, IMAM

Dato' Dr Musa Mohd Nordin
Consultant Paediatrician,
KPJ Damansara Specialist Hospital
Past President IMAM

Conference Day 1: 26th October 2024

13.30 - 14.00

Dzuhur Break

14.00 - 15.30

Symposium 2

From Chaos to Calm: Best Practices in Disaster Relief

Blueprint for Relief: Good Governance in Humanitarian Efforts

Professor Dato' Dr Ahmad Faizal bin Mohd Perdaus
President of MERCY Malaysia

Rescue Revolution: Cutting-Edge Practices in Disaster Response

Dr Mohamad Fadli bin Kharie
Ketua Penolong Pengarah Kanan, Pusat Informatik Kesihatan,
Bahagian Perancangan, KKM

Compassion in Crisis: Islamic Principles in Disaster Relief

Dr Fauziah Mohd Hasan
Consultant Obstetrics and Gynaecology, KPJ Ampang Puteri
Board of Trustee, Humanitarian Care Malaysia (MyCARE)
Honorary Advisor,
Malaysian Women's Coalition for al-Quds & Palestine (MWCQP)

15.30 - 16.15

Plenary 3: 2nd Edition MSQH guide

Dr Norsiah binti Ali
Head of Clinic, Consultant Family Medicine Specialist,
Addiction Specialist,
Klinik Kesihatan Masjid Tanah, Melaka

16.15 - 17.45

IMAM Biennial General Meeting & Afternoon tea

Conference Day 2: 27th October 2024

08:00-08:30

Opening and Day 1 Recap

8.30 - 10.00

Symposium 3:

Emotional Resilience: Mental Health in Humanitarian Contexts

Humanitarian Psychiatry: Experience with Malaysian MHPSS Teams

Dr Zul Azlin Razali

Psychiatrist, Klinik Pakar Dr Yeoh, Cheras

Protective Factors Against Post Traumatic Stress Disorders Among Disaster Survivors

Dr Ahmad Rostam bin Md Zin

Consultant Liaison Psychiatrist, Jabatan Psikiatri & Kesihatan Mental Hospital Sultanah Bahiyah, Alor Setar, Kedah

Mental resilience in Humanitarian Aid Provider from medical volunteer perspective

Dr Mohd Rahman Bin Omar

Internal Medicine Physician & Lecturer, Faculty Medicine & Health Sciences, Universiti Sains Islam Malaysia

10.00 - 10.30

Morning Break

10.30 - 12.00

Symposium 4:

Guardians of Health: Vaccines in the Battle Against Communicable Diseases

Protecting the Vulnerable: Vaccines in Humanitarian Context

Dr. Susheela Balasundaram

Community Based Protection Officer, United Nations High Commissioner For Refugee (UNHCR) Malaysia

Vaccination in Malaysia; Current Progress and Challenges

Datuk Dr Zulkifli Ismail

Chairman, Immunise4Life, Consultant Paediatrician, Paediatric Cardiologist, KPJ Selangor Specialist Hospital

Effective Communication Strategy with Vaccination Hesitancy

Dr Megat Mohamad Amirul Amzar Bin Megat Hashim

Family Medicine Specialist, Department of Primary Care Medicine, University Malaysia Medical Centre

12.00 - 12.45

Plenary 4 (MSD):

HPV & Its consequences: Elimination & Strategies

Dr Maiza Tusimin

Senior Consultant O&G, Fertility Specialist, Prince Court Medical Centre

12.45 - 13.30

Lunch Talk 2 (Pfizer):

Topic Guarding the Pilgrimage: Pneumococcal Disease Prevention Through Vaccination in Hajj and Umrah

Assoc. Prof. Dr. Sharifah Faridah Syed Omar

Infectious Disease Physician, University Malaya Medical Centre

Conference Day 2: 27th October 2024

13.30 - 14.00

Dzuhur Break

14.00 - 14.45

Free paper Oral Presentations

*Concurrent sessions

14.45 - 16.15

**Symposium 5:
Islamic Ethics & Medical Jurisprudence**

Principles of Humanitarian Ethics: Bridging Global and Islamic Values

Dr Ahmad Yusuf Bin Yahaya
Chief Coordinator, IMARET,
Senior Lecturer, School of Medicine, Taylor's University

Ethical Dilemma with Limited Medical Resource during Global Pandemic & Humanitarian Aid : Who Deserve My Last Ventilator?

Dr Muhammad Munawar bin Mohamed Hatta
Vice President of IMAM

Consultant Emergency Physician, Department of Emergency
Medicine, Hospital Canselor Tuanku Muhriz (HCTM)

Syariah Compliance Crowd Funding for Humanitarian Aid & Disaster Relief

Assoc Prof Dr Muhammad Shahrul Ifwat Ishak
Associate Professor, Faculty of Business and Management,
Universiti Sultan Zainal Abidin (UniSZA)

16.15 - 17.00

**Keynote address:
Healthcare Reform Journey**

Yang Berhormat Datuk Seri Dr. Dzulkefly Ahmad
Minister of Health Malaysia

17.00 - 17.30

Award ceremony & Afternoon tea



25th IMAM Annual Scientific Conference 2024

AZ ZAHRAWI MEMORIAL LECTURE

Changes and Challenges in Relief Work: Local & Global Outlook

Assoc. Prof. Dr Mohamed Ikram Mohamed Salleh

Disaster is a sudden, catastrophic event, that brings great damage, loss, destruction, and devastation to life, property, and the environment. The damage is immeasurable and influences the affected population's mental, socioeconomic, political, and cultural state. Their origin can be natural, such as earthquakes, floods, and hurricanes, or human origin, such as accidents and war conflicts.

This presentation analyses humanitarian relief efforts undertaken by the presenter during his relief missions since 1999 and examines the changes and challenges that have emerged over time. It examines salient features of disaster relief operations and the challenges faced and provides an overview of the development of humanitarian assistance programs locally and abroad. Using past experiences responding to major natural and man-made disasters as case studies, it analyses the nature and extent of relief efforts undertaken for each. Disaster relief should be timely and effective, and cover all phases of the disaster cycle; during emergency, recovery, rehabilitation and rebuilding phases. With the global climate changes, political and cultural conflicts, and sensitivities, relief efforts should be dynamic, modified, and revised to suit

the ever-changing nature and impact of a calamity. Support services, such as logistics and warehousing are vital. Safety and security of relief workers should always be a priority when working in any calamitic situation, not necessarily only in conflict areas. During any major events, there will be many responding teams, from the government and non-governmental organisations, locally and abroad. Without coordination and collaboration, the chaotic situation may worsen and cause unnecessary calamity. The local authorities should take charge of the situation and all other agencies should collaborate and activities carried out should focus to the local needs. Non-crisis relief work involves activities during preparedness for the anticipated calamity. Community preparations, risk reduction, and mitigation programs should be implemented as part of capacity building, focusing on the affected and high-risk population. Examples and activities related to preparedness, risk reduction, and mitigation will be elaborated upon during the presentation.

Finally in responding to any catastrophic event, adhering to good practice guidelines and accepted standards will ensure an effective response.



Dr. Ikram is a medical doctor at An-Nur Specialist Hospital in Bangi with extensive humanitarian experience. He served as Vice-President of MERCY Malaysia from 2004 to 2014, participating in missions in conflict zones such as Kosovo, Afghanistan, and Palestine. He also contributed to disaster relief efforts, including the Indian Ocean Tsunami and earthquakes in Indonesia and Nepal. Locally, Dr. Ikram has been active in community health services for the underprivileged and refugees. Currently, he is a Board of Trustees member of Humanitarian Care Malaysia, responding to various disasters both locally and internationally.



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PLENARY ABSTRACTS

List of Abstracts

Plenary 1

Gaza in Peril: Navigating the Humanitarian Crisis

Dr Mafeitzeral Mamat

Plenary 2 (Pfizer)

The Unique and Evidence-Based Meningococcal Vaccine for Hajj and Umrah Pilgrims

Prof. Dato' Dr. Hj Abdul Razak Bin Abdul Muttalif

Plenary 3

2nd Edition MSQH Guide

Dr Norsiah binti Ali

Plenary 4 (MSD)

HPV & It's consequences: Elimination & Strategies

Dr Maiza Tusimin

Plenary 1

Gaza in Peril: Navigating the Humanitarian Crisis

Dr Mafeitzeral Mamat

Gaza is in the midst of destruction; the worst ever humanitarian crisis the world have ever seen in the modern era with no end in sight. Since October 7, 2023, more than 42,000 people have been killed and at least 98,000 injured in Gaza. Recent escalations across the Middle East have resulted in dire humanitarian conditions in Gaza worsened as the attention is diverted elsewhere. There is no positive solution to the forced mass displacement, widespread food insecurity, insufficient shelter and the obvious significant civilian casualties. Severe food insecurity has permeated the Strip, with rampant hunger turning into famine – a catastrophe already present. Three-quarters of Gazans rely on food assistance for survival, according to the World Food Programme (WFP). Efforts to address the humanitarian crisis have faced increasing impossible challenges. Aid deliveries to Gaza have reached their lowest levels in months. Israeli authorities

have implemented a new customs regulation on certain types of humanitarian aid and are also reducing shipments arranged by businesses. Gaza is unrecognisable, with homes, schools, and hospitals having been reduced to rubble. There is not enough food or clean water, and the healthcare system has all but collapsed. Almost every single person in Gaza has fled their homes. There is nowhere safe left to go.



Dr. Mafeitzeral Mamat is a Consultant Cardiac Anaesthesiologist at Sunway Medical Centre Velocity, Kuala Lumpur, and has served in various leadership roles, including Head of Department at Gleneagles Medini. He has worked on humanitarian missions with WHO-UN Emergency Medical Teams and Medecins Sans Frontieres in Gaza, Afghanistan, and Cambodia. Dr. Mafeitz holds an MBA in Healthcare Management from the International Medical University, alongside extensive qualifications in anesthesiology. He is also an active member of the Malaysian Humanitarian Medical Society and serves as an international humanitarian volunteer.

Plenary 2: Platinum Sponsor (Pfizer)

The Unique and Evidence-Based Meningococcal Vaccine for Hajj and Umrah Pilgrims

Prof. Dato' Dr. Hj Abdul Razak Bin Abdul Muttalif

This lecture will delve into the significance of the unique, evidence-based meningococcal vaccine for pilgrims undertaking the Hajj and Umrah journeys. Meningococcal disease, caused by *Neisseria meningitidis*, poses a serious risk in the densely populated environments of these religious gatherings. Speaker will explore the epidemiology of meningococcal disease, particularly in the context of mass gatherings, and discuss the specific strains prevalent in the region. The session will highlight the development and approval of the meningococcal vaccine tailored for pilgrims, including its formulation, efficacy, and safety profile. Speaker will also review current vaccination guidelines mandated by international and local health authorities, and the

importance of vaccination for all travelers to protect against outbreaks. Additionally, we will present recent evidence from studies demonstrating the vaccine's effectiveness in preventing infections among pilgrims. By the end of this lecture, participants will gain a comprehensive understanding of the importance of the meningococcal vaccine, enabling them to advocate for its use and ensure the safety and well-being of pilgrims during their spiritual journeys.



Professor Dato' Dr. Hj Abdul Razak Bin Abdul Muttalif is a Consultant Chest Physician and Professor of Medicine at MAHSA University, Kuala Lumpur. He earned his master's degree in respiratory medicine from the Royal Brompton Hospital, London. Dr. Razak has been a prominent speaker at numerous medical conferences and has published extensively in international and Malaysian journals, including the *New England Journal of Medicine* and *Chest*. After 35 years of service with the Ministry of Health Malaysia, he joined MAHSA University in 2017, where he continues to teach and contribute to respiratory medicine.

Plenary 3 2nd Edition MSQH Guide *Dr Norsiah binti Ali*

The Malaysian Society for Quality in Health (MSQH) was established in 1997 with the vision of advocating continuous quality improvement and safety in the healthcare sector. One of the key strategies utilized is accreditation. Accreditation is a self-assessment and external peer review process used by healthcare organizations to accurately assess their level of performance in relation to established standards and to implement strategies for the continuous improvement of healthcare systems. To date, the MSQH conducts four main accreditation programs: the Hospital Accreditation Programme, the Medical Clinic Accreditation Programme, the Chronic Dialysis Treatment Accreditation Programme, and the Dental Clinic Accreditation Programme. The Medical Clinic Accreditation Programme was first published in 2011, with the second edition completed in March 2024. This comprehensive document is designed to elevate the quality and safety of healthcare services provided by medical clinics in Malaysia. Building upon the foundation of the first edition, the second

edition introduces significant enhancements and refinements to align with global best practices and the evolving healthcare landscape. The standard encompasses a range of critical areas, including governance, clinical operations, patient safety, infection control, and the continuous improvement of healthcare delivery systems. It emphasizes a patient-centric approach, ensuring that the services provided by clinics are not only effective but also compassionate and tailored to individual needs. The document includes detailed information on the accreditation application process, survey methodology, criteria for accreditation awards, maintenance of accreditation status, and the appeal mechanism. By establishing clear benchmarks, the MSQH Medical Clinic Standard 2nd Edition guides clinics in achieving higher levels of operational efficiency, risk management, and service excellence.



Dr. Norsiah Ali is a Consultant Family Medicine Specialist and Addiction Specialist at the Masjid Tanah Health Clinic, Melaka. She holds an MD from Universiti Sains Malaysia and a Master's in Family Medicine from Universiti Malaya. Dr. Norsiah is a recognized leader in addiction medicine and has served as Past President of the Family Medicine Specialists Association of Malaysia. With over two decades of clinical and research experience, she has contributed extensively to substance abuse treatment and public health initiatives. Dr. Norsiah has also been actively involved in national efforts for decriminalizing drug use in Malaysia.

Plenary 4 - MSD HPV & Its consequences: Elimination & Strategies *Dr Maiza Tusimin*

Human papillomavirus (HPV) infection has been identified as a significant public health concern due to its association with various health consequences, including cervical cancer, genital warts, and other cancers of the anogenital and oropharyngeal regions. This presentation aims to explore the challenges and opportunities for the elimination of HPV and the strategies for achieving this goal. It will delve into the epidemiology of HPV, its associated health outcomes, and the current status of HPV vaccination programs. Furthermore, the presentation will assess the effectiveness of existing HPV vaccination and screening strategies, highlighting the need for comprehensive and sustainable approaches to HPV elimination. Additionally, the discussion will encompass the potential impact of emerging technologies and global health initiatives in the

endeavor to eliminate HPV and its related diseases. Through the elucidation of these key areas, the presentation seeks to contribute to the advancement of knowledge and action toward the elimination of HPV and the mitigation of its consequences.



Dr. Maiza Tusimin is a Senior Consultant Obstetrician and Gynecologist at Prince Court Medical Center, specializing in Reproductive Medicine and Infertility. With over 20 years of experience, she excels in managing high-risk pregnancies and minimally invasive gynecological surgeries. As a Visiting Fertility Specialist at Sophea Fertility Center, she performs IVF procedures. An active researcher and advocate, Dr. Maiza is a prominent voice in public education on women's health and serves as a lactation counselor. Her compassionate approach and dedication to patient care have made her a respected figure in her field.



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SYMPOSIUM ABSTRACTS

List of Abstracts

Symposium 1

Healing Without Borders: Addressing the Health Needs of Refugees

*Dr Zuraidah Che' Man,
Dr Siti Noraida Mohamad
Habibullah,
Mr. Jason Yeo*

Symposium 2

From Chaos to Calm: Best Practices in Disaster Relief

*Professor Dato' Dr Ahmad
Faizal bin Mohd Perdaus,
Dr Mohamad Fadli bin
Kharie,
Dr Fauziah Mohd Hasan*

Symposium 3

Emotional Resilience: Mental Health in Humanitarian Contexts

*Dr Zul Azlin Razali,
Dr Ahmad Rostam bin Md Zin,
Dr Mohd Rahman Bin Omar*

Symposium 4

Guardians of Health: Vaccines in the Battle Against Communicable Diseases

*Datuk Dr Zulkifli Ismail,
Dr Susheela Balasundaram,
Dr Megat Mohamad Amirul
Amzar Bin Megat Hashim*

Symposium 5

Islamic Ethics & Medical Jurisprudence

*Dr Ahmad Yusuf Bin Yahaya,
Dr Muhammad Munawar bin
Mohamed Hatta, Assoc Prof
Dr Muhammad Shahrul Ifwat
Ishak*

Symposium 1

Healing Without Borders: Addressing the Health Needs of Refugees

*Dr Zuraidah Che' Man, Dr Siti Noraida Mohamad Habibullah,
Mr Jason Yeo and Dr Ahmad Yusuf Yahaya (Moderator)*

The global refugee crisis presents complex challenges for health providers and displaced populations. This symposium aims to address key areas impacting refugee health, focusing on the multifaceted barriers faced by both health professionals and refugees. Panelists from non-governmental organizations (NGOs), the UNHCR, and healthcare institutions will explore the pressing issues of delivering holistic health services, including sexual and reproductive healthcare, in refugee communities. Discussions will also highlight the challenges related to cultural and language barriers, limited healthcare infrastructure, and mental health needs. In addition, the symposium will cover the latest updates on policies and global efforts to improve healthcare access and outcomes for refugees. By integrating perspectives from various stakeholders, the session will provide a comprehensive understanding of the current landscape and offer practical solutions to enhance the delivery of essential health services to vulnerable populations.



Dr. Zuraidah Che' Man is a Medical Officer at Hospital Canselor Tuanku Muhriz, specializing in community medicine and clinical epidemiology. She holds a PhD from the University of Newcastle, Australia, and is actively involved in research, having completed numerous projects in trauma care, geriatric medicine, and public health. Dr. Zuraidah has received several awards, including the Besrouz Prize at the WONCA Asia Pacific Regional Conference 2022. She regularly contributes to national and international conferences, focusing on health equity, stroke care, and refugee health services.



Dr. Siti Noraida is a Senior Lecturer at Monash University, Malaysia, with over 25 years of experience in healthcare. She holds an MBA and an MSc in Global Migration & Social Justice. As the founder of Little Steps Charity, she manages multiple healthcare facilities for refugees and underprivileged communities, including clinics in Cambodia and Malaysia. With over 15 years in hospital leadership, Dr. Siti Noraida has received international recognition, including the Julia Taft Refugee Grant Award and the Gold Award from Cambodia. Her current focus is on empowering healthcare providers to support refugee advocacy in Malaysia.



Jason Yeo is currently serving as the head of Public Health for UNHCR Malaysia, where he is leading the public health strategies to enable inclusive access to health care services for refugees and asylum-seekers in Malaysia. He possesses a Bachelor's degree in Nutrition and Community Health from Universiti Putra Malaysia and has been with UNHCR for 10 years. He chairs the coordination mechanism for health and mental health with counterparts from Ministry of Health, NGO and community-based organizations. He plays a key role in health research activities in UNHCR particularly the healthcare access and utilisation survey (HAUS). Besides, he has research experience in nutrition, sexual and reproductive health and HIV.

Symposium 2 - From Chaos to Calm: Best Practices in Disaster Relief Blueprint for Relief: Good Governance in Humanitarian Efforts

*Professor Dato' Dr Ahmad Faizal bin Mohd Perdaus, Dr Mohamad Fadli bin Kharie,
Dr Fauziah Mohd Hasan and Dr Muhammad Munawar bin Mohamed Hatta (Moderator)*

Effective disaster relief requires a holistic approach that integrates good governance, innovative technologies, and ethical frameworks. This symposium explores best practices in disaster response, focusing on three critical areas: governance, cutting-edge technologies, and Islamic principles. Good governance ensures transparency, accountability, and coordination among stakeholders, from governmental bodies to humanitarian organizations. Emerging technologies, such as AI and data analytics, have transformed the speed and efficiency of disaster response, enabling more accurate resource allocation and real-time decision-making. Additionally, Islamic principles offer a valuable ethical framework for disaster relief, emphasizing compassion, community solidarity,

and equitable aid distribution. Together, these three pillars provide a comprehensive model for improving the effectiveness of disaster relief efforts, promoting both short-term recovery and long-term resilience in affected communities. This symposium will foster a deeper understanding of the integrated strategies needed to enhance global disaster response.



Professor Dato' Dr. Ahmad Faizal bin Mohd Perdaus is the President of MERCY Malaysia and a Consultant Pulmonologist at KPJ Damansara Specialist Hospital. He has led humanitarian missions in crisis zones worldwide and served in leadership roles, including Chair of the International Council of Voluntary Agencies (ICVA). Dr. Faizal has been a key advisor during the COVID-19 pandemic and held various academic roles, including Adjunct Professor at Universiti Melaka. In recognition of his contributions, he was awarded the Darjah Dato' Paduka Mahkota Perak in 2010.

Symposium 2 - From Chaos to Calm: Best Practices in Disaster Relief Rescue Revolution: Cutting-Edge Practices in Disaster Response

*Professor Dato' Dr Ahmad Faizal bin Mohd Perdaus, Dr Mohamad Fadli bin Khairie,
Dr Fauziah Mohd Hasan and Dr Muhammad Munawar bin Mohamed Hatta (Moderator)*

Geographic Information Systems (GIS) are essential tools in disaster management, providing critical spatial analysis and visualization capabilities. This presentation explores the diverse applications of GIS throughout various stages of disaster management, including risk assessment, monitoring, and resource allocation. By integrating multiple data sources, such as satellite imagery and sensors, GIS allows authorities to identify high-risk zones, strategize disaster responses, and optimize the distribution of relief resources. Furthermore, GIS plays a vital role in public health responses by facilitating both offline and online surveys to track disease outbreaks and ensure efficient healthcare resource allocation. It also fosters community engagement by delivering real-time risk updates

and enabling two-way communication between citizens and emergency services. Ultimately, this presentation highlights the transformative impact of GIS on enhancing the efficiency and coordination of disaster management efforts.



Dr. Mohamad Fadli bin Khairie is a Public Health Specialist and Senior Assistant Director at the Health Informatics Centre, Ministry of Health Malaysia. He holds a Doctor of Public Health (DrPH) and a Master's in Public Health from Universiti Putra Malaysia. Dr. Fadli leads key national projects, including the Malaysian Health Data Warehouse (MyHDW) and various GIS-based health initiatives. He has authored multiple research papers on public health accessibility and has presented at national and international conferences. Dr. Fadli is also an active marathon runner and a member of Medical Mythbuster Malaysia.

Symposium 2 - From Chaos to Calm: Best Practices in Disaster Relief

Compassion in Crisis: Islamic Principles in Disaster Relief

Professor Dato' Dr Ahmad Faizal bin Mohd Perdaus, Dr Mohamad Fadli bin Kharie, Dr Fauziah Mohd Hasan and Dr Muhammad Munawar bin Mohamed Hatta (Moderator)

The United Nations, through General Assembly Resolutions 46/182 and 58/114, embraced the fundamental principles of humanity, impartiality, neutrality, and independence at the core of all humanitarian actions. These principles are incorporated into the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations in Disaster Relief. The principal motivation behind humanitarian action is to save lives and alleviate suffering while upholding and restoring personal dignity. Accordingly, humanity is the principal driver for responding to crises, whether triggered by conflict, violence, or natural or man-made disasters. In the Islamic perspective, humanitarian actions and the duty to help are both considered religious obligations by which all Muslims, rich and poor, are bound. In responding to sufferings, efforts are driven by sincerity (Ikhlas) to God and the need to fulfil obligations to humanity. Hence underlying the above fundamental principles are emphases on excellence (Ihsan), compassion (Rahmah), social

justice (Adl), and trust (Amanah). Islam places a strong emphasis on compassion and mercy which are central to the faith and meant to inspire Muslims to act with kindness and empathy towards those in distress. The emphasis on compassion in humanitarian actions is the subject of this presentation. A few instances of compassion in actual humanitarian work experience and their implications are discussed. The fundamental principle of humanity includes compassion but some actual experiences showed the opposite outcomes when humanitarian actions were devoid of sincerity. Finally, practical steps in extending compassion during crisis, such as active listening, offering flexibility and building trust are illustrated.



Dr. Fauziah Mohd Hasan is a Consultant Obstetrician and Gynaecologist at KPJ Ampang Puteri Specialist Hospital. She earned her MBBS from the University of Tasmania and her FRCOG from the UK. With over 25 years of medical practice, Dr. Fauziah has been deeply involved in humanitarian missions across conflict zones, including Gaza, Syria, and Afghanistan. She serves as an advisor for various humanitarian organizations, including MyCARE and Rose2Rose. Dr. Fauziah has received numerous awards, including the "Tokoh NGO Islam 2017" and the "Tokoh Aktivist Palestin."

Symposium 3 - Emotional Resilience: Mental Health in Humanitarian Contexts **Humanitarian Psychiatry: Experience with Malaysian MHPSS Teams**

*Dr Zul Azlin Razali, Dr Ahmad Rostam bin Md Zin, Dr Mohd Rahman Bin Omar
and Dr. Muhammad Nazril Junaidy Bin Idris (Moderator)*

Humanitarian psychiatry is the delivery of mental health and psychosocial support and services to populations exposed to natural disasters, forced displacement or collective violence. 40 years ago, psychiatry in humanitarian settings often focused on specific diagnosis and individualized intervention. The situation has changed significantly with the integration and emphasis of Mental Health and Psychosocial Support (MHPSS) into any humanitarian emergency responses. MHPSS is a multi-sectorial and multi-layered approach that aims to promote psychosocial well-being and to prevent or treat mental health conditions. Apart from clinical service, it is also important in MHPSS to focus on non-specialized support and strengthening the community. The author shares his experience with MHPSS teams in Cox-Bazaar (forced displacement), Kota Belud and Temerloh (natural disasters).



Dr. Zul Azlin Razali is a Malaysian psychiatrist with more than 10 years of clinical and teaching experiences. He served in Ministry of Health, Malaysia for four years. He then worked in Universiti Sains Islam Malaysia as a Senior Medical Lecturer and later as an Associate Professor. With fellow colleagues and activists, he founded Green Crescent Malaysia in 2016, a non-profit organization to spread awareness on addiction. He has written numbers of indexed academic papers and books. In recent times, his passion in fiction writings has resulted in two novels and several short stories. The novel, *Majnun*, won a national competition in 2020. Currently, he is practicing fulltime in a small psychiatric clinic at the outskirts of Kuala Lumpur.

Symposium 3 - Emotional Resilience: Mental Health in Humanitarian Contexts Protective Factors Against Post Traumatic Stress Disorder (PTSD) Among Disaster Survivors

*Dr Zul Azlin Razali, Dr Ahmad Rostam bin Md Zin, Dr Mohd Rahman Bin Omar
and Dr. Muhammad Nazril Junaidy Bin Idris (Moderator)*

PTSD is one of the established complication of any type of disasters. When the victims of disaster develop PTSD, the complication to their wellbeing can be lifelong and can cross generation. Treatment of PTSD involves multiple approaches and tedious. However, not everyone that went thru disaster will developed this psychiatric disorder. There are personal and societal factors that can protect or reduce the risk of developing PTSD. These protective factors can be classified as social, psychological and spiritual. Identifying the protective factors may be one of the critical elements in prevention and understanding this mental illness. It may also help in developing intervention that can be tallied to the community involved.



Dr. Ahmad Rostam bin Md Zin is a Psychiatrist at Hospital Sultanah Bahiyah in Alor Setar, Kedah. He began his public service career in 2004 at Hospital Melaka and has since served in various hospitals, including Hospital Putrajaya and University Malaya Medical Centre. Dr. Rostam is a sought-after speaker at forums and international events for his psychiatric expertise. He authored the book "Healing The Invincible Wound" and has produced e-books on early childhood psychological education. His clinical and teaching work spans numerous hospitals across Malaysia.

Symposium 3 - Emotional Resilience: Mental Health in Humanitarian Contexts **Mental Resilience In Humanitarian Aid Providers From Non Psychiatrist Perspective**

*Dr Zul Azlin Razali, Dr Ahmad Rostam bin Md Zin, Dr Mohd Rahman Bin Omar
and Dr. Muhammad Nazril Junaidy Bin Idris (Moderator)*

Mental resilience is essential for humanitarian aid workers to maintain their well-being while addressing crises. This resilience encompasses adapting, coping with, and recovering from stress and difficulties. Aid workers frequently encounter demanding situations, emotional fatigue, and ethical challenges. They can boost their resilience through self-care strategies, including regular exercise, fostering social connections, and engaging in mindfulness practices. Furthermore, organisations can promote resilience by offering stress management training, facilitating open communication, and developing supportive workplace environments. Peer support initiatives can also be beneficial, enabling aid workers to exchange experiences and coping methods. Identifying burnout signs and applying preventive strategies is crucial for helping aid providers remain effective. Ultimately, mental resilience enhances their effectiveness and sustainability in assisting. Mental resilience is vital for humanitarian aid providers' operational success and longevity. Aid workers can bolster their resilience by emphasising

self-care, nurturing supportive relationships, and securing organisational support. This improves their well-being and enhances their capacity to deliver aid with effectiveness and compassion in some of the most challenging conditions globally.



Dr. Mohd Rahman Omar is a Lecturer in the Medical-Based Department at the Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia, and a Consultant Physician at USIM's Specialist Clinic. He holds an MD, a Doctor of Internal Medicine, and a Master of Medical Education from UKM, along with a Specialty Certificate in Endocrinology from the UK. Dr. Rahman's clinical interests include diabetes management and kidney disease. He is actively involved in research and humanitarian efforts, collaborating with NGOs such as MERCY Malaysia and Malaysia Life Line for Syria.

Symposium 4 - Guardians of Health: Vaccines in the Battle Against Communicable Diseases Vaccination in Malaysia - Current Progress and Challenges

Datuk Dr Zulkifli Ismail, Dr Susheela Balasundaram, Dr Megat Mohamad Amirul Amzar Bin Megat Hashim and Syed Abdul Khaliq Bin Syed Abd Hamid (Moderator)

The history of vaccination in Malaysia dates back from 1950. The increase in number of antigens in our immunisation schedule exceeds many other neighbouring countries and some developed nations. The effects on vaccine preventable diseases has also been dramatic with decreases in measles, congenital rubella syndrome, hepatitis B, and the eradication of smallpox in 1980. Vaccine confidence remains the greatest challenge to the National Immunisation Programme. The number of vaccine hesitancy and refusal in MOH Health Clinics has gone up from a baseline of about 1.5 to 3.2 per thousand live births to 6.7 in 2023. In vaccinology, there is no room for error in one vaccine that can trigger a cascading domino effect on the uptake of childhood vaccines especially, as seen in the Philippines with the first dengue vaccine. The challenges to our highly successful immunisation programme are many and most are related to misinformation and disinformation on social media. We can expect more antigens to be introduced in our NIP but our healthcare system and NGOs

should be positioned to support vaccination in social media and other platforms. There should be many more pro-vaccination influencers to counter the many anti-vaccination narratives. Healthcare Professionals (HCPs) should be (and be seen to be) supporting vaccination from their example, actions and words. We know that vaccination saves lives, we just need to disseminate that to the public.



Prof Datuk Dr Zulkifli Ismail is a Clinical Professor of Paediatrics at KPJ Healthcare University and a Consultant Paediatrician & Paediatric Cardiologist at KPJ Selangor Specialist Hospital. He is the Chairman of Immunise4Life and Dengue Prevention Advocacy Malaysia, advocating for public health and vaccination. A former President of the Malaysian Paediatric Association and current Secretary-General of the Asia Pacific Pediatric Association, Prof Zulkifli has received numerous accolades, including the Panglima Mahkota Wilayah award in 2008 and the Outstanding Asian Pediatrician award in 2012. He was recently honored with the MPA Lifetime Achievement Award in 2024.

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Datuk Dr Zulkifli Ismail, Dr Susheela Balasundaram, Dr Megat Mohamad Amirul Amzar Bin Megat Hashim and Syed Abdul Khaliq Bin Syed Abd Hamid (Moderator)

In humanitarian crises, vulnerable populations—such as refugees, displaced individuals, and those affected by conflict or natural disasters—face heightened risks of infectious disease outbreaks due to poor living conditions and limited access to healthcare. Vaccines play a crucial role in preventing the spread of diseases like measles, cholera, and polio, saving countless lives in these challenging settings. However, logistical challenges, vaccine hesitancy, and insufficient healthcare infrastructure often impede vaccination efforts. This presentation explores the critical role of vaccines in humanitarian contexts, highlighting some successes like measles control in Rohingya camps in Bangladesh, while examining the role of international organizations and innovations to overcome barriers. There is a need to continue efforts in preparedness, investments in strengthening healthcare systems and global cooperation to protect the most vulnerable population in a humanitarian crisis.



Dr. Susheela Balasundaram is a Community-Based Protection Officer with UNHCR Malaysia. She graduated from Kasturba Medical College, India, and holds an MSc in Public Health from the London School of Hygiene and Tropical Medicine. Dr. Susheela has worked with refugees since 2002, starting with mobile primary care services and later joining Médecins Sans Frontières in 2006. Since 2007, she has been with UNHCR Malaysia, coordinating public health and assistance programs, and now leads community-based protection efforts. She has served in refugee emergencies in Uganda and Cox's Bazar, Bangladesh.

Symposium 4 - Guardians of Health: Vaccines in the Battle Against Communicable Diseases Vaccination in Malaysia - Current Progress and Challenges

Datuk Dr Zulkifli Ismail, Dr Susheela Balasundaram, Dr Megat Mohamad Amirul Amzar Bin Megat Hashim and Syed Abdul Khaliq Bin Syed Abd Hamid (Moderator)

The COVID-19 pandemic has amplified the complexities of vaccine hesitancy, creating new challenges for healthcare providers (HCPs) in their efforts to maintain vaccination coverage. Addressing this issue requires more than just delivering information; it demands tailored communication strategies that engage patients respectfully and reduce stigmatization. This presentation aims to equip HCPs with effective approaches to vaccine communication, focusing on strategies that help prevent burnout and avoid the pitfalls of using non-specific, one-size-fits-all techniques. Drawing from a qualitative study of primary healthcare professionals in Malaysia, the need for adaptive communication approaches is evident. The study's findings emphasize the diverse experiences and challenges faced by HCPs, including the impact of inconsistent messaging and the emotional toll of confronting fixed-minded vaccine refusers. These insights underscore the importance of developing a nuanced communication module that addresses the broad spectrum of vaccine hesitancy

while promoting patient-centered engagement. The presentation will explore practical strategies for fostering open, empathetic dialogues using tools such as the OARS framework (Open-ended questions, Affirmation, Reflective listening, Summarizing) and the ESV approach (Elicit, Share, Verify). Emphasizing a presumptive approach can help normalize vaccine acceptance, while tailored strategies address specific concerns and build trust. By focusing on reducing stigmatization and employing flexible techniques, HCPs can improve the quality of vaccine discussions, reduce their risk of burnout, and support better vaccination outcomes in the evolving post-pandemic landscape.



Dr. Amirul Amzar is the Clinic Coordinator for RUKA Clinic in the Department of Primary Care Medicine at University Malaya Medical Centre. He earned his MBBS from University Malaya in 2013 and completed his Master of Medicine in Family Medicine in 2021. As Vice President of Medical MythBusters Malaysia (M3), Dr. Amirul has worked closely with the Ministry of Health on vaccination campaigns. With a strong interest in health communication, he created the Vaccine Communication Training (VaCT) Workshop, focusing on vaccine hesitancy, and has been advocating for effective communication strategies since 2021.

Symposium 5 - Islamic Ethics & Medical Jurisprudence

Ethical Consideration for Medical Volunteers in War & Disaster Zone

Dr Ahmad Yusuf Yahaya, Dr Muhammad Munawar bin Mohamed Hatta, Assoc Prof Dr Muhammad Shahrul Ifwat Ishak and Dr Ahmad Faidhi Mohd Zaini (Moderator)

Ethics can be defined as behavior based on ideas about what is morally good and bad. In Islam ethics is defined as akhlaq which means character, nature, and disposition, assumes a good relationship between the Creator and its creation, and vice versa. Good behavior principles are developed in the humanitarian world to govern a person's or group's behavior during relief activity. The International Red Cross and Red Crescent (ICRC) Movement developed the seven Fundamental Principles to ensure that the actions of volunteers and health workers are in the best interests of the people it seeks to serve. Later these principles were further described in the Code of Conduct in Disaster Relief. It reaffirms the basic humanitarian principles of humanity, impartiality, and independence and includes more recent development concepts such as respect for culture, participation, sustainability, accountability, and dignity. The Sphere project, launched by a group of humanitarian agencies is an initiative to improve the conduct of disaster relief operations. One of the main pillars of the

Sphere project is the Humanitarian Charter and Minimum Standards in Disaster Response. All these guidelines are best practices in relief and mostly conform to Islam. Islamic ethics calls for mankind to undertake a continuous process of self-purification, in thought, feelings, and emotions; in social interactions through intentions and deeds that benefit other human beings as well as other creations of Allah; in using the resources that Allah has wisely given him; and in bringing him closer to the ideal as described by the Prophet: "the best amongst you are those who are the owners of the best morality.



Dr. Ahmad Yusuf Bin Yahaya is a senior lecturer at the School of Medicine, Taylor's University, and holds a medical degree from Odessa State Medical University. As Chief Coordinator of IMAM Response & Relief Team (IMARET), he leads local and international humanitarian missions. He has been active in global relief efforts, including in Turkiye, Bangladesh and Indonesia. He also played a key role in Malaysia's COVID-19 response and flood relief initiatives. Since 2014, he has served as treasurer for the Islamic Medical Association of Malaysia (IMAM), demonstrating a deep commitment to humanitarian aid and medical outreach.

Symposium 5 - Islamic Ethics & Medical Jurisprudence

Ethical Dilemma with Limited Medical Resource during Global Pandemic & Humanitarian Aid : Who Deserve My Last Ventilator?

Dr Ahmad Yusuf Yahaya, Dr Muhammad Munawar bin Mohamed Hatta, Assoc Prof Dr Muhammad Shahrul Ifwat Ishak and Dr Ahmad Faidhi Mohd Zaini (Moderator)

The ethical dilemma of allocating limited medical resources during a global pandemic presents profound challenges, particularly in the context of humanitarian aid. Healthcare providers must make difficult decisions about who receives potentially life-saving treatment. The principle of justice, which emphasizes fairness in the distribution of resources, often clashes with the principle of utility, which seeks to maximize the benefit for the greatest number of people. Factors such as age, pre-existing health conditions, and the likelihood of survival may influence decision-making, raising concerns about discrimination and the equitable treatment of all patients. Healthcare professionals are also bound by the principle of beneficence - doing the best for their patients, and non-maleficence - avoiding harm. These principles come under immense strain when doctors are forced to choose between patients, creating moral distress. It becomes a question not only of medical criteria but also of deeply held moral and ethical values.



Dr. Muhammad Munawar bin Mohamed Hatta is a Consultant Emergency Physician at Hospital Canselor Tuanku Muhriz (HCTM) and a Senior Medical Lecturer at Universiti Kebangsaan Malaysia. He holds a Doctor in Emergency Medicine from UKM and is currently pursuing a PhD in Humanitarian and Conflict Response at the University of Manchester. Dr. Munawar serves as Vice-President of the Islamic Medical Association of Malaysia (IMAM) and is a Board of Trustees member for Humanitarian Care Malaysia. He has extensive experience in emergency care, disaster response, and medical volunteerism.

Symposium 5 - Islamic Ethics & Medical Jurisprudence

Syariah Compliance Crowdfunding for Humanitarian Aid & Disaster Relief

Dr Ahmad Yusuf Yahaya, Dr Muhammad Munawar bin Mohamed Hatta, Assoc Prof Dr Muhammad Shahrul Ifwat Ishak and Dr Ahmad Faidhi Mohd Zaini (Moderator)

Recently, crowdfunding has emerged as a viable alternative funding method for supporting community-based projects, including charitable and humanitarian initiatives. The global expansion of internet access has transformed crowdfunding into a powerful fundraising tool, enabling the pooling of resources across geographical boundaries. This digital platform enhances the efficiency of fundraising, making it more systematic, transparent, and innovative. However, several concerns, particularly regarding Shariah compliance, have arisen due to the lack of proper Shariah oversight. These concerns include the status of crowdfunding projects and the management of funds. Such issues may undermine public trust, compromise the legitimacy of the funds, and affect the overall integrity of crowdfunding practices.



Associate Professor Dr. Muhammad Shahrul Ifwat Bin Ishak is currently a lecturer at the Faculty of Business and Management, Universiti Sultan Zainal Abidin (UniSZA). He holds a Bachelor's degree in Sharia from Mu'tah University, Jordan, and a Master's degree in Islamic Jurisprudence from Al al-Bayt University, Jordan. In 2018, he earned his Ph.D. in Religious Studies from the University of Aberdeen, Scotland, UK. In addition to his role as a senior lecturer, Dr. Muhammad Shahrul Ifwat serves as a Shariah board member at Al Rajhi Bank Malaysia (2022-2024), a member of the Research and Publication Committee of Yayasan Diraja Sultan Mizan (YDSM) (2023-2025), and the Research Director at Maqasid Institute Malaysia (MIM). His areas of expertise and research interests include Shariah, maqasid al-Shariah, and Islamic finance.



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LUNCH TALK

LUNCH TALK

Lunch Talk 1 - Sanofi

Vaksin Hajj & Umrah: Kaedah Agama dan Saintifik

Dr Ahmad Faidhi Mohd Zaini and Dato' Dr Musa Mohd Nordin

The presentation by Dato Musa Mohd Nordin, discusses the importance of meningococcal vaccination for Hajj and Umrah pilgrims. It highlights the high risk of invasive meningococcal disease (IMD) among pilgrims due to overcrowding and close contact when performing their pilgrimage. The burden of IMD is elaborated, as well as its rapid disease progression and high fatality rates. Emphasis is given to the effectiveness of meningococcal conjugate vaccines in providing robust immune responses and safety across different age groups, including older adults. The presentation also outlines the evolution of vaccination requirements for Hajj pilgrims in Saudi Arabia, driven by changing epidemiology and outbreaks. Key recommendations include mandatory vaccination for all pilgrims and healthcare workers involved in Hajj and Umrah activities to prevent the spread of meningococcal disease. The presentation by Dr. Ahmad Faidhi Mohd Zaini highlights the importance of vaccination for Hajj and Umrah from an Islamic perspective. It addresses common misconceptions about immunization, emphasizing that vaccination is permissible (halal) and aligns with Islamic principles to protect life. The presentation outlines that immunization is both a personal and communal obligation and is essential for preventing infectious diseases during the physically demanding pilgrimage. It also underscores the support of Islamic scholars and fatwas for vaccination, citing its role in achieving herd immunity to protect the individual and other pilgrims. The presentation concludes that vaccination is a proven preventive measure and aligns with the teachings of Islam on disease prevention and public health.



Dato Dr. Musa Mohd Nordin is a prominent paediatrician and neonatologist at KPJ Damansara Specialist Hospital. He founded IMARET (IMAM Response & Relief Team), which offers humanitarian aid in disasters and outreach programs for marginalized communities. Dr. Musa also established Rumah Solehah, providing shelter for women and children with HIV/AIDS, and serves as an on-call pediatrician for OrphanCare. In 2020, IMARET received the Star Golden Hearts Award. He was honored with the Outstanding Asian Paediatrician Award in 2012 by the Asia Pacific Paediatric Association and received a Lifetime Achievement award from the Federation of Islamic Medical Associations (FIMA) in Turkey. Dr. Musa remains involved in social work and advocates for evidence-based public health, inspiring young healthcare workers, and improving healthcare access for underserved communities.



Mejar (Dr) Ahmad Faidhi Mohd Zaini is a Medical Officer and Specialist Trainee in Anesthesiology and Intensive Care at Universiti Kebangsaan Malaysia. He has served in various capacities within the Malaysian Armed Forces, including humanitarian aid missions such as the Malaysian Field Hospital in Cox's Bazar for Rohingya refugees. Dr. Faidhi is an expert speaker and author on immunization, medical ethics, and health education. He also coordinates the Fiqh of Medicine for IMAM and contributes to national health fatwa decisions. His publications cover a range of medical and Islamic jurisprudence topics.

Lunch Talk 2 - Pfizer

Guarding the Pilgrimage: Pneumococcal Disease Prevention Through Vaccination in Hajj and Umrah

Assoc. Prof. Dr. Sharifah Faridah Syed Omar

This lecture will explore the critical role of pneumococcal disease prevention through vaccination during the Hajj and Umrah pilgrimages. With millions of pilgrims gathering in close proximity, the risk of infectious diseases, particularly pneumococcal pneumonia, escalates significantly. Speaker will examine the epidemiology of pneumococcal disease, focusing on its prevalence and impact among diverse populations, including the elderly and those with underlying health conditions. The session will cover the available pneumococcal vaccines, including polysaccharide and conjugate vaccines, discussing their efficacy, safety profiles, and recommendations for use in pilgrims. Additionally, speaker will review the vaccination guidelines set forth medical societies, emphasizing the importance of pre-travel immunization.



Associate Professor Dr. Sharifah Faridah Syed Omar is a Senior Consultant in Infectious Diseases at University Malaya Medical Centre and a faculty member at University Malaya. Her areas of expertise include Tropical Medicine, Travel Medicine, and infections such as dengue, HIV, TB, and Hepatitis C. Dr. Sharifah is an active member of several medical societies, including the Malaysian Society of Infectious Diseases and Chemotherapy. She has published extensively on infectious diseases and has received multiple Excellence Service Awards from University of Malaya for her contributions to research and medical practice.



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KEYNOTE ADDRESS

Healthcare Reform Journey

Yang Berhormat Datuk Seri Dr. Dzulkefly Ahmad

Malaysia is embarking on comprehensive health reforms aimed at transforming our healthcare system to better serve the needs of our people. These reforms, as outlined in the Health White Paper, prioritise strengthening primary healthcare; advancing preventive, promotive and predictive health measures; ensuring sustainable financing; and reinforcing human resource capacity. Empowering health clinics to enhance accessibility and quality care is crucial in addressing the rising burden of non-communicable diseases (NCDs), which continue to exert significant economic and social pressure due to escalating medical costs. A key pillar of these reforms is the healthcare financing transformation, driven by strategic public-private partnerships (PPP) as a wider whole-of-nation approach. This collaborative model aims to deliver accessible, affordable, and sustainable healthcare for all Malaysians. The recently-announced Rakan KKM initiative represents a pivotal step forward in this journey, creating a "win-win-win" scenario that seeks to retain healthcare professionals, raise the floor and ceiling of the public healthcare system, and ensure equitable healthcare delivery. Additionally, the reforms underscore the importance of healthcare digitalisation and improved governance,

as well as addressing emerging challenges driven by climate change. We have made significant strides in rolling out cloud-based Electronic Medical Records (EMR) across government health facilities, including several hospitals, health clinics, and dental clinics. This is part of our broader vision to establish a National Lifetime Health Record (NLHR) system, which will serve as the backbone of our digital health transformation. The Malaysia MADANI Government remains committed to a whole-of-nation approach, working in close collaboration with policymakers, healthcare providers, civil society, and the private sector. Together, we strive to ensure the successful implementation of the health reforms, which actually began in earnest in 2018 during my first tenure as the Minister of Health. Insha-Allah, with collective effort and determination, these reforms will fulfil everyone's right to health, and in doing so, lead to a healthier and more resilient Malaysia.



Dato' Dr. Dzulkefly Ahmad, born in Rembau, Negeri Sembilan, is a distinguished figure in both politics and healthcare in Malaysia. He holds a PhD in Medical Science from Imperial College, London, specializing in Toxicology. He has served as Minister of Health under two administrations, bringing his scientific expertise and strategic vision to public health reform. He is also a three-term Member of Parliament for Kuala Selangor, with a focus on enhancing healthcare quality and addressing the welfare of medical professionals. His unique multidisciplinary approach continues to shape Malaysia's health policies.



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O1: Muslim Solidarity In Crisis

Siti Noraida Mohamad Habibullah

Objectives: The policies on forced migrants in Malaysia have been frequently debated but lack sustainable solutions. Despite Islam being the country's official religion, fundamental Islamic principles seem to have little influence on policies regarding forced migrants. This analysis examines the struggles faced by forced migrants in Malaysia, including limited access to healthcare, and explores the potential for Muslim solidarity to positively influence policies and support for them. It also explores the gap between the expected emphasis on Muslim Solidarity and its real-world application in Malaysia's forced migrant policies. **Methodology:** This empirical qualitative study is based on semi-structured interviews with nine participants from three groups: Muslim politicians, Islamic scholars, and NGO advocates for forced migrants in Malaysia. These groups were chosen to explore their insights on migrant struggles, barriers to effective governance, and how Muslim solidarity may influence policies, societal acceptance, and healthcare access for forced migrants. **Results:** The findings highlight the everyday struggles of

forced migrants, exacerbated by the absence of a legal framework and the need for clearer policies to provide protection and support, including access to healthcare. While Muslim solidarity is viewed as a potential influence on policymakers, its practical application faces significant limitations. These include a lack of unified political will, conflicting political agendas, the racialisation of forced migrants, and insufficient public and scholarly awareness. Islamic scholars are identified as key in raising public awareness and guiding decision-makers toward policies more aligned with Muslim solidarity. Participants also expressed shared frustration over the neglect of a basic Islamic principle when addressing the healthcare needs of forced migrants, especially the inability to work which further limits access to healthcare. **Conclusion:** The struggles of forced migrants can be alleviated by incorporating the concept of Muslim solidarity into policies while acknowledging its limitations.

Keywords: Forced migrants, Muslim solidarity, Malaysia, Policy gaps, Islamic principles.

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O2: Network Pharmacology and Molecular Docking-Based Study on The Anti-Inflammatory and Antioxidant Mechanisms of Morindolide

Muhammad Amal Zulkipli¹, Yuslina Zakaria², Elhassane Anouar³, Mizaton Hazizul Hasan¹

Objective: Inflammation-related disorders, which cause much worldwide mortality, can be mitigated using network pharmacology. Network pharmacology may facilitate targeted therapy design and improve therapeutic results by finding drug-target interactions and signalling pathways. Previous studies suggest morindolide has anti-inflammatory and antioxidant properties. Thus, this study used network pharmacology and molecular docking to identify the mechanisms of these effects. **Methods:** Morindolide's target genes were identified using SymMap, Swiss Target Prediction and PharmMapper databases. Anti-inflammatory and antioxidant-related genes were retrieved from the GeneCards database. Common targets were identified through Venn analysis. A protein-protein interaction (PPI) network was constructed using STRING and Cytoscape to identify hub genes. GO function and KEGG pathway analyses were performed using DAVID and ShinyGO. Molecular docking between morindolide and hub proteins was conducted using AutoDock and visualised with LigPlot. **Results:** The analysis revealed 56 common targets between

morindolide and anti-inflammatory/antioxidant effects. Seven hub genes were identified as PTGS2, IL1B, MMP2, HSP90AA1, NOS2, PLA2GA and CYP2E1. GO analysis showed morindolide's involvement in inflammatory response, nitric oxide biosynthesis and response to lipopolysaccharide. KEGG analysis highlighted pathways in cancer, arachidonic acid metabolism, IL-17 signalling and neurodegeneration. Molecular docking confirmed stable binding between morindolide and hub proteins, with binding energies ranging from -5.19 to -6.62 kcal/mol. The strongest interactions were observed with CYP2E1 (-6.62 kcal/mol), MMP2 (-6.6 kcal/mol) and NOS2 (-6.24 kcal/mol). **Conclusion:** This study utilised network pharmacology and molecular docking to predict the potential targets, biological processes and signalling pathways involved in morindolide's anti-inflammatory and antioxidant effects, providing a theoretical foundation for future experimental research and potential clinical applications of morindolide.

Keywords: Anti-Inflammatory; Antioxidant; Molecular Docking; Morindolide; Network Pharmacology

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O3: Knowledge, Attitude, and Practice of Breast Self-Examination (BSE) Among Women in Ulu Kinta, Perak

Muhamad Fahim Bin Abdullah Zawawi¹, Muhamad Hasri Bin Shafee², Nur 'Azmina Binti Muazhar³, and Subhashini Nair Govindan

Objectives: Breast Self-Examination (BSE) is a critical early detection tool for breast cancer. This study aimed to assess the knowledge, attitudes, and practices of BSE among women in Ulu Kinta, Perak, to identify gaps and improve breast cancer prevention strategies. **Methods:** A cross-sectional study was conducted involving 408 women from the Ulu Kinta area, aged 15 and above. A structured questionnaire, adapted from validated sources, was administered to assess the participants' knowledge, attitudes, and practices regarding BSE. The data were analyzed using SPSS v26 for descriptive and inferential statistics, exploring associations between socio-demographic factors and BSE-related knowledge, attitudes, and practices. **Results:** The findings revealed that 52% of women possessed adequate knowledge of BSE, but only 42% practiced it regularly. Attitudes toward BSE were generally positive, with 60% recognizing its importance. However, socio-demographic factors, such as education level and age, showed a significant correlation with BSE knowledge and practice ($p < 0.05$). Women with higher education levels exhibited better knowledge and more frequent BSE practice. **Conclusion:** Despite reasonable awareness, the practice of BSE remains insufficient among the women of Ulu Kinta. Targeted educational interventions, focusing on both improving knowledge and promoting regular BSE practice, are crucial in enhancing early breast cancer detection rates.

Keywords: Breast self-examination, BSE, knowledge, practice, attitude, Ulu Kinta

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O5: Assessing Road Crash Involvement and Predictors Among Malaysian Medical Professionals: An Islamic Medical Association of Malaysia (IMAM) Research Collaboration

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Objectives: Malaysian doctors often face long hours and inadequate rest, increasing their risk of road crash involvement (RCI). To address this, IMAM collaborated in a study with institutes of higher learning and non-governmental organizations to assess the prevalence and predictors of RCI among doctors. **Methods:** This study was part of a larger study approved by the Medical Research and Ethics Committee, Ministry of Health Malaysia (NMRR-18-3983-40609), and the Ethics Committee for Research Involving Human Subject, Universiti Putra Malaysia. It involved doctors who are fully or partially registered with the Malaysian Medical Council and their contacts. Data were collected through non-probability sampling using a self-administered online questionnaire between April 2020 and May 2021. **Results:** 6.7% and 37.9% of 375 medical doctors have reported being involved and nearly involved (due to tiredness, nodding off, and sleepiness) in RCI within the past 2 weeks, respectively. Not napping had higher odds of being in RCI due to nodding off (AOR; 2.193, 95% CI 1.157, 4.157) and sleepiness (AOR; 1.941, 95% CI: 1.030–3.657). Unmarried doctors were at higher risk

of near-miss RCIs due to tiredness, nodding off, and sleepiness. Female doctors had lower odds of near-miss RCIs related to nodding off (AOR; 0.619, 95% CI: 0.394–0.972). Non-house officers also had reduced odds of near-miss RCIs due to tiredness (AOR; 0.562, 95% CI: 0.438–0.720), nodding off (AOR; 0.530, 95% CI: 0.396–0.711), and sleepiness (AOR; 0.603, 95% CI: 0.467–0.778). Avoiding overtime and chemical exposure also decreased the likelihood of near-miss RCIs. **Conclusion:** Doctors who do not take naps are at a higher risk of RCIs, while unmarried doctors are more prone to near-miss incidents. In contrast, female doctors, non-house officers, and those who avoid overtime and chemical exposure experience a lower risk of near-miss RCIs.

Keywords: Medical doctor, driving behaviour, commuting, workplace, crash involvement

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O6: The Prevalence of Diseases among Refugees Attending the Qatar Fund For Development Clinics in Selangor for the Year 2021

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Objectives: The objective of this study was to describe the demographic characteristics of refugees attending Qatar Fund For Development (QFFD) Clinics, which are humanitarian aid clinics, in Selangor in 2021 and determine the prevalence of both Non-Communicable Diseases (NCD) and Communicable Diseases (CD) and the disease prevalence in the highest-occurring nationality. Recognising refugees' healthcare can pave the way for enhanced services and more policy developments. There is a scarcity of similar data in Malaysia, and this knowledge gap hinders the work that can be done to provide the most favourable welfare to the refugees. These serve as the underlying rationale for conducting this study. **Method:** A cross-sectional study was conducted among refugees attending three QFFD clinics in Selangor located in Ampang, Selayang, and Kajang utilising secondary data from September to December 2021. This study utilised anonymised data from the clinics' electronic medical records. There were 14,888 cases available but after removing entries of similar condition, the final data analysed was 12,466. The data was analysed

using SPSS version 26.0. **Result:** From the total, the majority of patients seeking healthcare were Rohingyas (50.3%), Burmese (26.2%), followed by people of other nationalities, Pakistanis, Somalis, Afghans, Indians, Yemenis, and Iranians. 58.7% were females. The mean age of participants was 26.92 years (SD:15.92). From the overall count, diabetes (7.9%, 95%CI= 7.4,8.4) and hypertension (7.2%, 95%CI= 6.8,7.7) were the most common NCDs and COVID-19 (0.4%, 95%CI= 0.3,0.6) was the most common CDs. The most prevalent diseases among Rohingya refugees, the highest-occurring nationality, were upper respiratory tract infections (15%), diabetes (6.2%) and musculoskeletal pain (4.8%). **Conclusion:** This study highlights significant variations in healthcare utilization among refugees in Malaysia and identifies prevalent health conditions such as respiratory infections, diabetes, and hypertension. This dataset can serve as a benchmark for guiding further screening and investigations into refugee health.

Keywords: Refugee health, non-communicable disease, communicable disease

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O7: Evaluation of Sterilisation and Disinfection Methods of Halal Biodegradable Collagen Scaffolds from Bovine Tendon for Wound Healing Applications

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Objectives: Collagen scaffold is an excellent biomaterial for skin regeneration and wound healing that facilitates the restoration of tissue after an injury. The physiochemical properties of the scaffold are important to determine the outcome of the closure and the re-establishment of tissue integrity. Sterilisation of collagen scaffold is critical and important to wound healing. Methods of sterilization such as gamma irradiation and ethylene oxide often require additional equipment and chemicals, which can be costly and not widely available. High temperature, humidity and exposure to chemicals alter collagen scaffold integrity and compromise its biological activities. The study aims to provide an optimized method and conditions of sterilization and disinfection of collagen scaffold using UV radiation and ultracold temperature. **Methods:** We used readily available UV radiation from fume hood and ultracold freezer used in the extraction and fabrication process for sterilization and compared the effects on the collagen structural integrity using SEM and bioactivities against fibroblast cells. **Results:** Sterility tests found that our

method of extraction and production of collagen scaffold which involved freeze drying and ultracold storage inhibited the growth of microorganisms thus safe to be used for clinical trials. Although in vitro studies showed no cytotoxicity effects on all treated samples, microscopic observations using semi-electron microscopy (SEM) and cell culture media analysis showed that the collagen scaffold physico- and mechanochemistry were altered with UV sterilisation. While all treated samples did not show any cytotoxicity effects, the pH of cell culture media showed that the UV sterilised scaffold was less acidic than the other treated samples. Interestingly, we observed that the non-UV-treated samples influenced the migration of fibroblasts from the polystyrene surface into the scaffold. **Conclusion:** The knowledge in materials-cell interactions is critical to the physiological outcome of healing and regeneration.

Keywords: sterilisation, wound healing, collagen scaffold, tissue engineering, ultracold storage

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O8: To Mend Broken Wounds in the Midst of Genocide

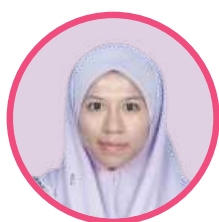
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Objectives: Gaza is the graveyard for children, and it is estimated that over 100,000 surviving children will be amputees and need care throughout their entire lives. The carnage of the ongoing war has created the biggest cohort of pediatric amputees in the world. During World War I, hydrolysed collagen, known as gelatin was used as a substitute for intravenous blood-boosting plasma solution to treat the wounded and saved thousands of lives. Collagen is a major protein in rebuilding tissues and its use in tissue engineering and regenerative medicine is widely known. However, access to this biomaterial is limited due to its high cost and financial constrain, sanctions, and war. The study aims to optimize the methods and conditions for on-site production of collagen scaffold from bovine tendons for use in the emergency treatment of wounded patients. **Methods:** The collagen used in this work was extracted from a fresh bovine tendon and purified accordingly before the fabrication using a freeze-drying technique. Produced collagen scaffolds were then subjected to sterilization using UV and ultracold storage to

ensure that the material will be safe for use after the fabrication process. **Results:** Our engineering and research team in IIUM had successfully developed a process for the production of collagen scaffold in our facility. The fabrication and freeze-drying processes formed a scaffold that is stable and easy to store and transport without the need for cold storage while maintaining its bioactivity. Sterility test showed that the storage in ultracold freezer was enough to inactivate microorganisms, without the need for UV sterilization. **Conclusion:** This effort would be beneficial to the healthcare providers to treat the injured in Gaza.

Keywords: Genocide, wound healing, collagen scaffold, tissue engineering, amputation

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O9: Beyond Structural Support: Powdered Collagen as Adjunctive Treatment for Chronic Wounds

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Objectives: Collagen-based wound care products play a pivotal role in improving the progress and outcome of chronic wounds. Powdered or fractionated collagen exhibits minimal cross-linking and is purported to exert its biological activities immediately upon application onto the wound. Fragments of collagen have chemotactic properties that facilitate myofibroblast migration, differentiation and recruitment of macrophages and neutrophils. Collagen plays an important role in all four overlapping phases of wound healing; homeostasis, inflammation, proliferation and remodeling. In this work, we developed a powdered form of collagen to specifically target molecular abnormalities presented in chronic wounds to improve the outcome and shorten the time for treatment with a more economical approach. The objective of this study is to optimize the method and conditions for the production of powdered collagen as an adjunctive treatment for chronic wounds. **Methods:** We focused on the optimization of conditions for the powdered collagen and studied its biological activities on human dermal fibroblasts.

In comparison to collagen scaffold, this invention modulates the local application for wound healing and utilizes an independent and smart glass bottle packaging to minimize cross-contamination and facilitate sterilization, storage and transportation. **Conclusion:** The use of glass bottles assists in the preparation of hydrocolloid gel that can be easily applied in all areas of the wound to help create moist wound bed and an environment that supports healing. This application is intended for the management of exuding wounds, partial thickness burns, diabetic ulcers, venous ulcers and pressure ulcers.

Keywords: powdered collagen, wound healing, hydrocolloid, tissue engineering, wound management

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O10: Beyond Teeth: Insights into The Medical Health Status Of The Homeless And Urban Poor In Chow Kit

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Objectives: Homelessness is a longstanding issue in Malaysia, particularly in Kuala Lumpur, with an estimated 4,368 homeless individuals in 2019. Among these services, dental care is often also not excluded, leading to a myriad of medical problems among individuals who rely on community-based dental services. A monthly dental community programme was initiated in 2017 by Dentistry for the Needy (DFTN) together with the Faculty of Dentistry, Universiti Sains Islam Malaysia (USIM). Other than prevention strategies, the aim of dental volunteerism is also to eliminate dental pain among the homeless and urban poor in Chow Kit, Kuala Lumpur. This study seeks to address this gap by assessing the status of medical problems among the homeless and urban poor attending Dental Community Service at Chow Kit, Kuala Lumpur. **Methodology:** This retrospective study involved reviewing the dental records of patients attending the program in Chow Kit, Kuala Lumpur. Only complete dental records from July 2017 until March 2024 were included in this study. Data collected from the dental records includes the patient's age,

current medical status, blood pressure measurement, random blood glucose measurement and the dental treatment needed. Blood pressure measurement will only be done on adult patients and random blood glucose on patients 30 years and above. **Results:** The dental records of 170 patients were included in this study. The majority of the patients were Malaysians. Only 46 (27.1%) had reported existing medical illness(es) or condition(s), with 10 (21.7%) of them having more than one medical illness(es) or condition(s). However, a notable proportion exhibited concerning indicators, including random blood sugar levels exceeding 12 mmol/L and elevated blood pressure categorised as at risk, stage 1, stage 2 and stage 3. **Conclusion:** This study provides valuable insight to guide interventions to improve healthcare access and outcomes for this vulnerable population.

Keywords: homeless, dental, medical problems

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O11: Volunteerism Beyond Dentistry: Malaysian Dentists' Contribution During the COVID-19 Pandemic

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During the pandemic, there is an urgent need for volunteers to assist in various critical areas such as vaccination, isolating patients with COVID-19, contact tracing, and screening patients. With their training and basic medical knowledge, dentists are expected to play a crucial role in alleviating the burden on other healthcare workers. **Objective:** This study aimed to assess the type of contribution of Malaysian dentists during the pandemic. **Method:** A questionnaire was adapted from Adejimi et al. in 2020, and content validation was carried out. The questionnaires were distributed via WhatsApp messenger via convenience sampling to dental officers in NGOs. **Results:** A total of 69 participants responded, and 92.8% were from the government sector. Approximately half of the participants volunteered to conduct swab tests (56.5%) and were involved in vaccination centres (50.7%). The participants also claimed that among the most prominent challenges faced during volunteer work

was the need to volunteer in challenging situations including long working hours (46.4%). They also felt that volunteer work was part of their work-related obligation (84.1%). **Conclusion:** Throughout the COVID-19 pandemic, Malaysian dentists encountered a multitude of challenges, yet they also actively participated in diverse health-related endeavours that extended beyond their usual scope of dentistry.

Keywords: volunteerism, COVID-19, dentists' role, pandemics

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O12: A Malaysian Non-Governmental Organization's (NGO) Experience in Organizing the Maternal and Child Health (MCH) Outreach Clinics for Malaysia's Interior Indigenous Tribes

Yahaya A.Y.^{1,2,3}, Aina F.M.⁴, Nurul Huda M.Z.

Malaysia's interior indigenous tribes, residing in remote areas of the tropical rainforest, face significant health disparities. This paper examines the role of medical non-governmental organization (NGO) such as Islamic Medical Association of Malaysia Response and Relief Team (IMARET) in aiding the Ministry of Health mobile teams to enhance the reach and frequency of maternal and child health (MCH) services. From 2015 to 2023, IMARET conducted 60 missions to remote indigenous communities, providing medical services to 10,832 patients. Starting in 2021, IMARET included antenatal and child immunization services as part of its outreach efforts, attending to 170 pregnant ladies and vaccinating 246 children. This expansion reflects IMARET's commitment to addressing the specific needs of expectant mothers and children in these underserved communities. This paper also explores the challenges encountered, including maintaining proper records, lack of proper facility,

cold chain management, demographic of the villages, off-road terrain conditions, adverse weather conditions, availability of knowledgeable volunteer doctors, communication barriers with villagers, and funding constraints. Effective collaboration between IMARET and government agencies is critical for improving maternal and child health outcomes in these communities.

Keywords: Orang Asli, indigenous, charity clinic, mobile clinic, maternal and child health, antenatal, vaccination.

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O13: Empowering Refugees Through Psychosocial Support: Insights from the QFFD Clinic Counseling Services in Malaysia.

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This paper presents an overview of the counseling services provided at the QFFD Clinic, a charitable healthcare initiative run by the Islamic Medical Association of Malaysia's Response and Relief Team (IMARET) for refugees in Malaysia. The clinic, located in Selayang, Selangor, and Kota Tinggi, Johor, serves a diverse refugee population, with the majority of patients originating from Myanmar (86%). In 2023, a total of 231 counseling sessions were conducted, of which 191 were females and 40 were males. The counseling service is managed by an in-house certified counselor and addresses a range of issues faced by the refugee community. The primary reasons for seeking counseling include psychoeducation, mental health concerns, family-related issues, physical health problems, gender-based violence, financial challenges, and substance use. These challenges often intersect, highlighting the complex nature of their lived experiences as refugees in Malaysia. This presentation aims to highlight the key findings from the counseling services provided in 2023, with a focus on understanding the specific needs

of refugee populations and the role of psychosocial support in promoting their overall well-being. It also explores the impact of gender differences on the utilization of services and the importance of culturally sensitive approaches in addressing mental health and social issues within this marginalized group. Through this analysis, we seek to emphasize the critical role of counseling in humanitarian healthcare settings and propose recommendations for enhancing the support provided to refugees in Malaysia.

Keywords: Refugees, mental health, counselling, charity clinic, IMARET, QFFD Clinic, psychosocial support

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25th IMAM Annual Scientific Conference 2024

E-POSTER PRESENTATION

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P1: Thyrotropin Alfa Administration for High-Dose Activity Radioactive Iodine Treatment in Differentiated Thyroid Cancer – Institutional Practice and Real-World Experience

Ahmad Zaid Zainal¹, Siti Zarina Amir Hassan¹

Objective: Radioactive iodine (RAI) treatment after surgery in differentiated thyroid cancer (DTC) is well advocated. Thyrotropin alfa is primarily used in preparing non-metastatic patients for RAI remnant ablation and diagnostic whole-body scan (WBS) or testing of stimulated thyroglobulin (Tg) by elevating the level of thyroid stimulating hormone (TSH). However, only limited data available on its adjunctive use in advanced DTC. We aimed to evaluate institutional real-world practice of thyrotropin alfa among DTC patients receiving high-dose RAI treatment. **Methods:** Review and analysis of those who received thyrotropin alfa for high-dose RAI >80 mCi at our institution (2017-2018) and attended subsequent clinic monitoring sessions. Positive anti-Tg cases and those defaulted management or follow-up were excluded. In total, 21 patients were included. Safety profile of thyrotropin alfa and clinical parameters including TSH levels, Tg levels at 6-12 months post-treatment and disease status with a minimum follow-up of 3 years. **Results:** Mean age was 52.6 years old. Majority being females (n=14), follicular

thyroid cancer (n=11), stage IV disease (n=12) and without comorbidity (n=11). Main indication for thyrotropin alfa was adjunctive use (n=14). No major side effects reported. All had adequate TSH increment. Pre-treatment serum Tg were markedly raised in 10 cases. Majority had positive immediate post-treatment WBS (n=20). Patients were planned for further RAI treatment (n=14) and oncology referral (n=7). Stage IV patients had higher mean Tg level at 6-12 months after high-dose RAI with thyrotropin alfa compared to Stage I-III patients (269.1 vs. 6.2 ng/ml, $p<0.05$). Significant association noted between stage IV and substantial residual or RAI refractory disease at follow up ($p<0.05$). **Conclusion:** Among our advanced DTC cohort, thyrotropin alfa was generally well-tolerated with no major side effect. Its primary indication was adjunctive use. Stage IV patients had higher mean of post-treatment Tg and substantial residual or RAI refractory disease on follow-up.

Keywords: differentiated thyroid cancer, thyrotropin alfa

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P2: Iron Deficiency Anemia with Underlying Beta-Thalassemia Carrier in a Single Mother with Multiple Substance Abuse: A Case Report

Mohd Faznynell Idris¹, Aneesa Abdul Rashid¹

Anemia in pregnancy is a common non-communicable condition in primary care, where severe anemia, particularly when associated with comorbidities, requires prompt intervention. This case report describes a 23-year-old single mother with a history of substance abuse and smoking, who was diagnosed with severe iron deficiency anemia during late pregnancy. Despite being asymptomatic, her anemia led to hospital admission, where she required transfusions and iron therapy. Her substance abuse further complicated medical management. The case outlines her obstetric history, social challenges, and the complexities of providing care. During a subsequent hospital admission, she experienced postpartum hemorrhage, necessitating urgent intervention. Further investigations revealed that she carried the beta-thalassemia trait, prompting the need for family screening. This case underscores the importance of a multidisciplinary approach in managing complex medical conditions during pregnancy and postpartum, especially in high-risk populations.

Keywords: anemia in pregnancy, iron deficiency anemia, thalassemia

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P3: The Effect of the Federation of Islamic Medical Associations (FIMA) Basic Life Support (BLS) training on Community Knowledge, Confidence and Willingness to perform Cardiopulmonary Resuscitation (CPR) and use of Automated External Defibrillator (AED)

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Objective: Out-of-hospital cardiac arrest is a prevalent medical emergency, where bystander CPR can significantly improve survival rates. To address this, FIMA encouraged its Islamic Medical Associations (IMAs) to conduct lifesaver courses offering Basic Life Support (BLS) training in mosques globally. This study evaluated the impact of IMA Malaysia's program on participants' knowledge, confidence, and willingness to perform CPR and use AEDs. **Methodology:** A pre-post study assessed the effectiveness of FIMA Lifesaver BLS training at Putra Mosque, Putrajaya. The training included adult and pediatric CPR and choking resuscitation through demonstrations and hands-on practice. A validated 36-item questionnaire measured participants' knowledge and willingness to perform CPR and use AEDs before and after the training. Data were

analyzed using independent T-tests. **Results:** Of the 187 participants, 90 completed both pre- and post-tests. Most participants were female (78.1% pre-test, 80% post-test). Significant improvements in CPR and AED knowledge were observed, with scores increasing from 9.43 ± 3.11 to 12.54 ± 2.15 ($p < 0.001$). Positive changes in AED perception (16.37 ± 3.07 to 17.49 ± 2.62 , $p = 0.015$) and CPR/AED importance (17.96 ± 3.22 to 18.66 ± 2.66 , $p = 0.011$) were noted. Self-reported CPR efficacy and willingness to act increased significantly ($p < 0.001$), while concerns about injuring victims during CPR decreased ($p < 0.001$). **Conclusion:** The FIMA Lifesaver BLS program by IMA Malaysia effectively improved participants' knowledge, confidence, and willingness to perform CPR and use AEDs.

Keywords: Basic life support, cardiopulmonary resuscitation, automated external defibrillator

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P4: The Development of Cataract Treatment in Medieval Arab/Islamic Ophthalmology Texts

Abdullah Ashraf Rafique Ali¹

Objectives: To review the development of cataract treatment in the medieval Arab/Islamic world by looking at the practices of medieval Arab/Muslim oculist as documented in the surviving Arab/Islamic medical and ophthalmology texts. **Methods:** Chapters regarding cataract and its treatment in ten medieval Arab/Islamic ophthalmology texts were analysed. The analysis looked at the literature that were produced within a period of almost 500 years, starting from the first extant medieval Arab/Islamic ophthalmology treatise, the *Ten Treatises of the Eye* by Hunain ibn Ishaq (died 242 AH/865 AD) up until *The Ophthalmological Principle in Diseases of the Visual System* by Sadaqah Ibn Ibrahim Al-Shathili (died 751AH/1350AD). Their description of the disease, diagnosis and surgical technique were analysed and compared with both the classical Greek understanding and against the modern concept of the disease and its treatment. **Results:** Building on classical Greek knowledge, early Arab/Islamic oculists expanded upon the classical texts. They improved the understanding on the disease and were the first to describe certain aspect of

the disease such as cataract-induced myopic shift. They described in detail the removal of cataract by couching, including the first detailed description of couching with a hollow needle. They also modified and improved the surgical instruments. Some aspects of surgery that still hold true today were also first documented during this period, such as the possibility of corneal decompensation secondary to iatrogenic corneal endothelial damage. Case reports were used to illustrate the management of difficult and unique cases. **Conclusion:** Medieval Arabic and Islamic oculists not only continued and expanded the knowledge gained from classical Greek texts, but also contributed to the development of cataract treatment. The surgical techniques which were described in the Arab/Islamic ophthalmology texts continued to be practiced right up until the advent of modern medicine in the 19th century.

Keywords: ophthalmology, history, cataract, Muslim

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P5: Effectiveness of Intensive Young Diabetes Program (IYDP) at Klinik Kesihatan Jalan Masjid (KKJM) Kuching, 2024

Shareezan Hoklai Sarudu¹, Zaitul Akmal Abdullah Zawawi¹, Maila Mustapha¹

Objective: According to the latest National Health Morbidity Survey (NHMS) 2023, 15.6% or 1 in 6 adults have diabetes in Malaysia. The prevalence of Type 2 Diabetes Mellitus (T2DM) is increasing and this includes the younger age group. Onset of a younger age is associated with longer disease exposure and increased risk for chronic complications. It also affects more individuals of working age, accentuating the adverse societal effects of the disease. Thus, the IYDP, which involves multidisciplinary team is implemented to improve the disease control and outcomes. **Method:** Patients were selected from the National Diabetes Registry (NDR) list of KKJM's patient on treatment, targeting those aged below 40 years old with HbA1c >10% and those who could commit to the program. The programme consist of 6 structured sessions lasting 2-3 hours each involving multidiscipline intervention activities over 6 months period. HbA1c levels were measured to see any improvement from the intervention program, first at the start of the study and then at the end of program. Statistical analysis was performed using

SPSS. **Results:** 15 participants were recruited for the study. The participants had a mean age of 32.2 (SD=6.2) years, ranging from 17 to 40 years, and were predominantly female (73.3%, n=11). The mean HbA1c level decreased from 11.8% (± 1.2 SD) at baseline to 10.4% (± 2.2 SD) post-intervention, representing a mean difference of 1.44 (95% CI: 0.153, 2.727) and was statistically significant at $p=0.031$. **Conclusion:** The multidisciplinary intervention for young individuals with diabetes demonstrated significant improvements in glycemic control. The collaborative effort resulted in a notable reduction in HbA1c levels, enhancing patient adherence to treatment plans, and improving quality of life. These findings underscore the importance of a comprehensive, team-based strategy in managing diabetes among young patients, highlighting its potential to mitigate long-term complications and promote sustainable health behaviors.

Keywords: T2DM, Young Diabetes, HBA1C

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P6: 'Teddy Bear Pharmacy': An Interactive Game Module for Health Education by Pharmacy Students

Nur Aizati Athirah Daud¹

Objectives: Children often lack knowledge about healthy lifestyles, safe medication use, and the role of healthcare professionals, leading to unhealthy habits and misconceptions. To overcome this, Teddy Bear Pharmacy (TBP) is introduced by Persatuan Sains Farmasi, USM. TBP, inspired by the concept of 'Teddy Bear Hospital' organized by IMACATS, aimed at introducing children under 12 to healthy lifestyles, proper and safe medication use, health check-ups, and hygiene care. The module development was initiated in 2022, also aimed to provide a platform for pharmacy students to hone their communication skills in delivering public health information to children. **Methods:** The game module is role-play-based, where each child brings their teddy bear, acting as the "patient," while the child assumes the role of the pharmacist. There are five stations, each featuring interactive mini-games and activities: registration, a health measurement station, a consultation with a pharmacist along with an exhibition of various medication dosage forms, a station on hygiene practices, and a station for engaging physical activities. In addition, the module

introduces the role of pharmacists as healthcare professionals to children and dispels any negative perceptions they may have about pharmacies and medications. Pharmacy students conducted the program as part of six community events, both inside and outside the university. **Results:** To date, a total of 459 children have participated in TBP program. The available TBP module is complete with game instructions and materials needed. A copyright application for the TBP module is underway to ensure the quality of materials is maintained. **Conclusion:** The TBP module is an innovation in training communication skills among pharmacy students in early health education for children through a fun and innovative approach. Future collaboration with IMACATs may offer opportunities for interdisciplinary involvement, integrating pharmacy students with other healthcare disciplines to further enrich the learning experience.

Keywords: health education; role-play; pharmacy students; community engagement; interactive learning

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P7: Assessing Treatment Response and Relation between Breast Cancer and Uterine Mass on Fluorodeoxyglucose PET/CT: Case Report with Pictorial Review of Rare Encounte

Ahmad Zaid Zainal¹, Mohd Fazrin Mohd Rohani¹

Hybrid molecular imaging with fluorodeoxyglucose positron emission tomography/computerised tomography (FDG PET/CT) has been well advocated in oncology and the evaluation of malignant diseases including breast cancer by depicting and mapping abnormal tumour glucose hypermetabolism. Malignant lesions are commonly associated with increased FDG-avid uptake. Although breast cancer frequently metastasizes to organs or locations such as bones, lungs, and liver, distant metastasis to the uterus is rare and only reported in selected cases. We aimed to highlight this rare condition and the promising role of FDG PET/CT in the disease staging and monitoring. We present a 45-year-old woman with histologically confirmed invasive lobular carcinoma of the left breast, who developed a uterine mass and underwent further investigation following recurrent episodes of abnormal vaginal bleeding. Endometrium pipelle sampling confirmed the presence of metastatic breast carcinoma. Hence, systemic chemotherapy and pelvic radiotherapy was administered. Subsequently FDG PET/CT was carried out for

staging and demonstrated FDG-avid malignancy in the left chest wall arising from the left breast, bilateral axillary and left hilar lymphadenopathies and bone metastases as well as uterine mass, bilateral adnexal lesions and pelvic lymph nodes. Following surgery to remove uterus and ovaries, a repeat FDG PET/CT done for disease monitoring and treatment response evaluation showed features of possible disease progression involving liver deposits and abdominopelvic lymphadenopathies. In conclusion, breast cancer metastasis to the uterus is rare and most often involves invasive lobular carcinoma. This can present as a hypermetabolic uterine mass or pelvic lesion on hybrid molecular imaging. We have discussed the role of FDG PET/CT in detecting, staging, and monitoring this unusual case of gynaecological metastasis.

Keywords: invasive lobular carcinoma, FDG, uterine metastasis

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P8: Malaysian Primary Care Providers' Views On People Who Use Drugs And Its Associated Factors

Nasehah Sakeenah Shamsul Bahrin^{1*}, Aneesa Abdul Rashid²

Objectives: Drug misuse and abuse pose major public health challenges worldwide. In 2019, around 36.3 million people globally were affected by substance use disorders (SUD), with 100,000 of people actively using drugs in Malaysia. Individuals with SUD frequently disengaged out of treatment, highlighting the need for non-judgmental attitudes among healthcare providers. Islam, as the second-largest religion, accounting for over 23% of the global population, also plays a critical role in shaping perspectives on health, including substance use and recovery. This study evaluates the perception of Primary Care Providers (PCPs) toward people who use drugs (PWUD) and the associated factors. **Methods:** A cross-sectional study was conducted from June 2021 to November 2023 in primary care clinics in Selangor, employing nonprobability sampling. Participants completed an online self-administered questionnaire, with perceptions measured using the Drug and Drug Problems Perception Questionnaire (DDPPQ). Responses were rated on a 4-point Likert scale, where lower scores indicate more favourable

perceptions. Multiple regression analysis identified factors associated with PCPs perceptions. **Results:** A total of 233 PCPs participated in the survey. They were mostly female (76.8%), medical officers (46.8%), with a median of 8 years of primary care experience. While a significant majority (73.4%) encountered SUD patients, less than half received addiction-related training, including the Methadone Maintenance Therapy (MMT) Programme (23.2%), detoxification programmes (7.7%), and Alcoholics or Narcotics Anonymous Programmes (14.2%). The mean \pm sd total DDPPQ score was 45.38 ± 6.91 , out of a total score of 80 reflecting a generally negative perception. A significantly less negative perception was associated with PCPs having MMT programme experience ($p < 0.001$) and higher interaction frequencies with SUD patients ($p < 0.001$). **Conclusions:** PCPs in this study exhibited a generally negative perception towards SUD patients. A negative perception was associated with PCPs who had no experience with MMT and a lower frequency of interaction with SUD patients.

Keywords: Primary Care Providers, Addiction, Substance Use Disorders, Attitudes, Perception

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References: 1. Nimenrix[®] Prescribing Information (Malaysia). 2. Meningitisnow.org. Hajj and Umrah pilgrims. Available at: <https://www.meningitisnow.org/meningitis-explained/signs-and-symptoms/hajj-and-umrah-pilgrims/>. 3. Prevenar 13[®] Malaysia Prescribing Information. 4. Bonten MJM, et al. *N Engl J Med* 2015;372(12):1114-1125. 5. McLaughlin JM, et al. *Clin Infect Dis* 2018;67(10):1498-1506. 6. Prevenar 13 Summary of Product Characteristics, December 2021. 7. Synflorix Malaysia Prescribing Information. 8. SII Pneumosil Malaysia Prescribing Information. 9. Pfizer press release. Available at: https://www.pfizer.com/news/press-release/press-release-detail/pfizer_receives_fda_approval_for_prevnar_13_in_adults_age_18_through_49. Accessed August 2022. 10. Pfizer press release. Available at: https://www.pfizer.com/news/press-release/press-release-detail/pfizer_receives_fda_approval_to_extend_use_of_prevnar_13_for_prevention_of_pneumococcal_pneumonia_and_invasive_disease_in_adults_50_years_and_older. Accessed August 2022. 11. Malaysian Society of Infectious Diseases and Chemotherapy. Guidelines for Adult Immunisation (3rd edition). Available at: <http://storage.unitedwebnetwork.com/files/183/fd5a161efc47cc33a12f6121865d212c.pdf>. Accessed July 2022. 12. Menactra Prescribing Information. Quest 3. Accessed August 2022. https://quest3plus.bpfk.gov.my/front-end/attachment/679/pharma/210074IV_31703_20190611_144106_D3.pdf. 13. Menveo Prescribing Information. Quest 3. Accessed August 2022. https://quest3plus.bpfk.gov.my/front-end/attachment/724/pharma/210071IV_32256_20191111_141256_D3.pdf. 14. Data on File. Pfizer Inc. 15. Presa J, et al. *Infect Dis Ther* 2019;8(3):307-333. 16. National Pharmaceutical Regulatory Agency, Ministry of Health Malaysia. Available at: <https://www.npra.gov.my/index.php/en/consumers/information/products-search>. Accessed August 2022. 17. Burman C, et al. *Human Vaccines & Immunotherapeutics* 2018;15(2):459-469. 18. Pizza M, et al. *Microorganisms* 2020;8(10):1521. Accessed August 2022.

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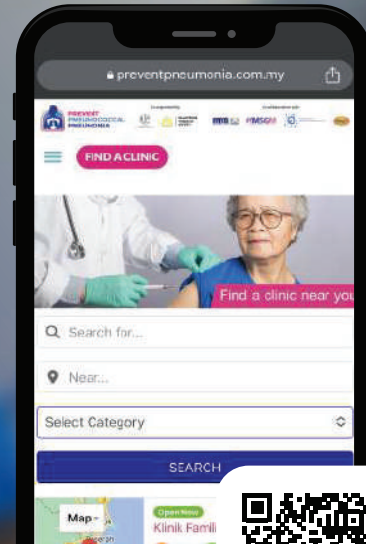


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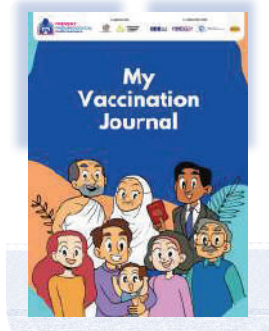
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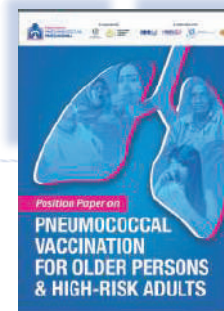


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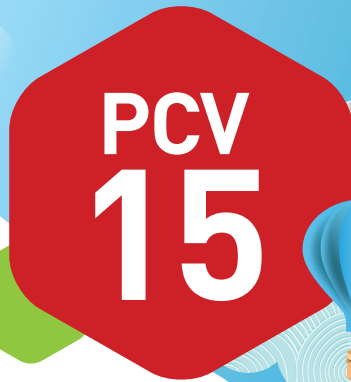
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Adverse Reactions in Adults ≥18 Years
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References: 1. VAXNEUVANCE™ Product Insert Malaysia. Available at: - Product Search, National Pharmaceutical Regulatory Agency. <https://quest3plus.bpfk.gov.my/pmo2/index.php> 2. Hammerschmidt S et al. Illustration of pneumococcal polysaccharide capsule during adherence and invasion of epithelial cells. *Infect Immun.* 2005;73(8):4653-4667. 3. Sugimoto N et al. Invasive pneumococcal disease caused by mucoid serotype 3 *Streptococcus pneumoniae*: a case report and literature review. *BMC Res Notes.* 2017;10(1):21.

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References 1. National Cancer Institute. HPV and Cancer. Available at: <https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-and-cancer>. Last Accessed: 29th May 2024. 2. World Health Organization (WHO). Cervical Cancer. Available at <https://www.who.int/news-room/fact-sheets/detail/cervical-cancer>. Last Accessed on 29th May 2024. 3. Centers for Disease Control and Prevention. Anogenital Warts. Available at: <https://www.cdc.gov/std/treatment-guidelines/anogenital-warts.htm>. Last Accessed: 29th May 2024. 4. GARDASIL® 9 Product Insert Malaysia. Available at: – Product Search, National Pharmaceutical Regulatory Agency. <https://quest3plus.bpfk.gov.my/pm02/index.php>. Last Accessed: 29th May 2024. 5. National Cancer Institute (NCI). Human Papillomavirus (HPV) Vaccines. Available at: <https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-vaccine-fact-sheet>. Last Accessed: 19th June 2024. 6. de Martel et al. (2020). Global burden of cancer attributable to infections in 2018: a worldwide incidence analysis. The Lancet. Global health, 8(2), e180-e190. [https://doi.org/10.1016/S2214-109X\(19\)30488-7](https://doi.org/10.1016/S2214-109X(19)30488-7)



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MenQuadfi®
Meningococcal (Groups A, C, Y, W)
Conjugate Vaccine



THE FUTURE OF MenACWY PROTECTION REIMAGINED

Protect your pilgrim patients against
vaccine-preventable disease



MenQuadfi® is indicated for active immunisation of individuals from the age of 12 months and older against invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, W and Y.^{1,2}



Individuals achieved high seroprotection with MenQuadfi across all four serogroups (A, C, W and Y) in all age groups assessed in head-to-head clinical trials.³⁻⁷

MenQuadfi can protect the whole family on Hajj and Umrah pilgrimages

Toddlers (12–23 months)³

MenQuadfi vs
MCV4-TT^a

Phase III study in
vaccine-naïve and
vaccine-primed
population

Children (2–9 years)⁴

MenQuadfi vs
MenACWY-CRM^b

Phase III study in
vaccine-naïve
population

Adolescents (10–17 years)⁵

MenQuadfi vs
MenACWY-CRM^b

Phase II study
in children and
adolescents

Adults (18–55 years)⁶

MenQuadfi vs
MCV4-DT^c

Phase III lot-to-lot
consistency

Older adults (≥56 years)⁷

MenQuadfi vs
MPSV4^d

Phase III study

MenQuadfi
demonstrates
high seroprotection
across all four
serogroups
(A, C, W and Y)¹⁻⁷

MenQuadfi
can be
co-administered
with other routine
immunisations¹⁻²

MenQuadfi
has a well-
documented
safety
profile¹⁻³

MenQuadfi is the only
MenACWY conjugate
vaccine available in a
fully liquid formulation,
with no reconstitution
required^{1,2,8,9}

Protect your pilgrim patients by vaccinating them now with a ready-to-use meningococcal vaccine with high seroprotection and proven benefits

Footnotes: **a** MCV4-TT is a meningococcal group A, C, W-135 and Y conjugate vaccine
b MenACWY-CRM is a meningococcal group A, C, W-135 and Y conjugate vaccine

c MCV4-DT is a polysaccharide diphtheria toxoid conjugate vaccine (groups A, C, Y and W-135)
d MPSV4 (A/C/Y/W-135) is a meningococcal polysaccharide vaccine (groups A, C, Y, W-135 combined)

References

1. MenQuadfi [MY Summary of Product Characteristics]. Petaling Jaya, Malaysia: Sanofi-Aventis (Malaysia) Sdn. Bhd. 2. MenQuadfi [SG Summary of Product Characteristics]. Singapore: Sanofi-Aventis (Singapore) Pte. Ltd. 3. van der Vliet D, Vesikari T, Sandner B, et al. Immunogenicity and safety of a quadrivalent meningococcal tetanus toxoid-conjugate vaccine (MenACWY-TT) vs. a licensed quadrivalent meningococcal tetanus toxoid conjugate vaccine in meningococcal vaccine-naïve and meningococcal C conjugate vaccine-primed toddlers: a phase III randomised study. *Epidemiol Infect.* 2021;149:e50. 4. Baccarini CI, Simon MW, Brandon D, et al. Safety and immunogenicity of a quadrivalent meningococcal conjugate vaccine in healthy meningococcal-naïve children 2-9 years of age: a phase III, randomized study. *Pediatr Infect Dis J.* 2020;39:955-960. 5. Chang L-J, Hedrick J, Christensen S, et al. A phase II, randomized, immunogenicity and safety study of a quadrivalent meningococcal conjugate vaccine, MenACWY-TT, in healthy adolescents in the United States. *Vaccine.* 2020;38:3560-3569. 6. Dhingra MS, Peterson J, Hedrick J, et al. Immunogenicity, safety and inter-lot consistency of a meningococcal conjugate vaccine (MenACWY-TT) in adolescents and adults: a phase III randomized study. *Vaccine.* 2020;38:5194-5201. 7. Esteves-Jaramillo A, Koehler T, Jeanfreau R, et al. Immunogenicity and safety of a quadrivalent meningococcal tetanus toxoid-conjugate vaccine (MenACWY-TT) in ≥56-year-olds: a phase III randomized study. *Vaccine.* 2020;38:4405-4411. 8. Product search, National Pharmaceutical Regulatory Agency. www.npra.gov.my. Accessed September 2023. 9. Product search, Health Sciences Authority. www.hsa.gov.sg. Accessed September 2023.

For healthcare professionals only.
Further information is available upon request.

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MenQuadfi SG PI
www.sanofi.com.sg/products/menquadfi



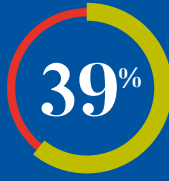
Intercepting Influenza in Children

Every year, millions of children are infected with seasonal influenza, thousands are hospitalised, and some infections even lead to death.¹ Influenza infections are commonly transmitted in household and community settings.^{1,2}

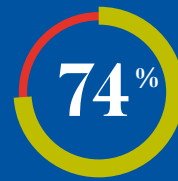
In Malaysia, influenza is one of the main causes for ARI in children below 6 years old³



of influenza-positive samples were from children below 6 years old³



of patients with influenza required hospital admission³



risk reduction of influenza-related critical illness with influenza vaccination in children.⁴

The World Health Organization recommends influenza vaccination for all children between 6 months to 5 years old.⁵

Vaxigrip Tetra[®]
Quadrivalent influenza vaccine
(split virion, inactivated)



- The First Influenza Vaccine** in Malaysia and Singapore used for pregnant women that offers passive immunisation of infants.^{6**}
- Demonstrated **efficacy and reduction of complications** in children 6–35 months old⁷
- Broad and effective influenza protection against 4 key influenza strains**^{8–10}
- Simple and convenient** – Subcutaneous or intramuscular administration with 0.5 mL dosing⁸
- Space-saving and eco-friendly packaging**¹¹
- Sanofi Pasteur is a world leader in the research and development of influenza vaccines**¹²

*As of 20th June 2023, verified available influenza vaccines registered in Malaysia/Singapore at Sistem Pendaftaran Produk & Perlesenan (<https://quest3plus.bpfk.gov.my/pmo2/index.php>) and Singapore Health Science Authority (<https://eservice.hsa.gov.sg/prism/common/enquirepublic/SearchDRBProduct.do?action=load>); **Not all infants may be protected. ARI: acute respiratory infection.

REFERENCES: 1. Centers for Disease Control and Prevention. Flu & young children. Available at: <https://www.cdc.gov/flu/highrisk/children.htm>. Accessed on 22 June 2023. 2. Centers for Disease Control and Prevention. Prevention strategies for seasonal influenza in healthcare settings. Available at: <https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>. Accessed on 19th June 2023. 3. Low YL, et al. Abstract 10579 presented at: Options X for the Control of Influenza; 2019 August 28 - September 1; Singapore. 4. Ferdinands JM, et al. Effectiveness of influenza vaccine against life-threatening RT-PCR-confirmed influenza-illness in US children, 2010–2012. *Int J Infect Dis*. 2014;210:674–83. 5. World Health Organization. Influenza (seasonal) fact sheets. Available at: [https://www.who.int/news-room/fact-sheets/detail/influenza-\(seasonal\)](https://www.who.int/news-room/fact-sheets/detail/influenza-(seasonal)). Accessed on 19th June 2023. 6. Omer SB, et al. Efficacy, duration of protection, birth outcomes, and infant growth associated with influenza vaccination in pregnancy: A pooled analysis of three randomised controlled trials. *Lancet Respir Med*. 2020;8:597–608. 7. Pepin S, et al. Impact of a quadrivalent inactivated influenza vaccine on influenza associated complications and health care use in children aged 6 to 35 months: Analysis of data from a phase III trial in the Northern and Southern hemispheres. *Vaccine*. 2019;37:1885–1888. 8. Vaxigrip Tetra[®] Malaysia prescribing information. Date of revision: January 2021. 9. Sesay S, et al. Safety, immunogenicity, and lot-to-lot consistency of a split-virion quadrivalent influenza vaccine in younger and older adults: A phase III randomized, double-blind clinical trial. *Hum Vaccin Immunother*. 2018;14(3):596–608. 10. Gresset- Bourgeois V, et al. Quadrivalent inactivated influenza vaccine (Vaxigrip Tetra[®]). *Expert Rev Vaccines*. 2018;17(1):1–11. 11. Sanofi Pasteur. Compact box. 12. <https://www.sanofi.com/en/your-health/vaccines>. Accessed on 22 June 2023.

For the full prescribing information, please scan the QR Code or visit the link provided.

FULL PRESCRIBING INFORMATION IS ALSO AVAILABLE UPON REQUEST FROM:



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MAT-MY-2300390-V1-06/2023

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Prevenar 13®

Pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed)

Think
pneumococcal
pneumonia
protection, think
Prevenar 13®¹

Image shown for illustration purposes only



When you think pneumococcal pneumonia protection, think Prevenar 13®
(Pneumococcal 13-valent conjugate vaccine [13-valent, adsorbed])¹

Prevenar 13® is a pneumococcal polysaccharide conjugate vaccine¹

Abbreviated Prescribing Information¹

NAME OF THE MEDICINAL PRODUCT: Prevenar 13 suspension for injection. Pneumococcal polysaccharide conjugate vaccine (adsorbed) 13-valent conjugated to CRM197 carrier protein, adsorbed on aluminium phosphate (0.125 mg aluminium). **PRESENTATION:** Each pack contains 0.5 mL suspension for injection in pre-filled syringe. **THERAPEUTIC INDICATIONS:** Active immunisation for the prevention of pneumococcal disease caused by *Streptococcus pneumoniae* serotypes 1, 3, 4, 5, 6A, 6B, 7F 9V, 14, 18C, 19A, 19F and 23F (including invasive disease, pneumonia and acute otitis media) in infants, children and adolescents from 2 months to 17 years of age. Active immunisation for the prevention of pneumococcal disease caused by *Streptococcus pneumoniae* serotypes 1, 3, 4, 5, 6A, 6B, 7F 9V, 14, 18C, 19A, 19F and 23F in adults aged 18 years and older. **POSOLGY:** Infants aged 2-6 months: The recommended immunisation series consists of four doses, each of 0.5 mL. The primary infant series consists of three doses, with the first dose usually given at 2 months of age and with an interval of at least 1 month between doses. The first dose may be given as early as six weeks of age. The fourth (booster) dose is recommended between 11-15 months of age. Alternatively, when Prevenar 13 is given as part of a routine infant immunisation programme, a series consisting of three doses, each of 1.5mL may be considered. The first dose may be given from the age of 2 months, with a second dose 2 months later. The third (booster) dose is recommended between 11-15 months of age. Preterm infants (<27 weeks gestation): The recommended immunisation series consists of four doses, each of 0.5 mL. The primary infant series consists of three doses, with the first dose given at 2 months of age and with an interval of at least 1 month between doses. The first dose may be given as early as six weeks of age. The fourth (booster) dose is recommended between 11 and 15 months of age. Unvaccinated infants and children >7 months of age: Infants aged 7-11 months: Two doses, each of 0.5 mL, with an interval of at least 1 month between doses. A third dose is recommended in the second year of life. Children aged 12-23 months: Two doses, each of 0.5 mL, with an interval of at least 2 months between doses. Children and adolescents aged 5 years to 17 years: One single dose of 0.5 mL. Prevenar 13 vaccine schedule for infants and children previously vaccinated with Prevenar (7 valent). Young children and adolescents (1-17 years) who are completely immunised with Prevenar should receive one dose (0.5 mL) of Prevenar 13. Adults aged 18 years and older: Prevenar 13 is to be administered as a single dose to adults 18 years and older including those previously vaccinated with a pneumococcal polysaccharide vaccine. The need for re-vaccination with a subsequent dose of Prevenar 13 has not been established. Regardless of prior pneumococcal vaccination status, if the use of 23-valent pneumococcal polysaccharide vaccine is deemed appropriate, Prevenar 13 should be given first. **CONTRAINDICATIONS:** Hypersensitivity to the active substances, to any of the excipients, or to diphtheria toxoid. Administration should be postponed in subjects suffering from acute, severe febrile illness. However, the presence of a minor infection, such as a cold, should not result in the deferral of vaccination. **SPECIAL WARNINGS AND PRECAUTIONS FOR USE:** Do not administer intravascularly. As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of a rare anaphylactic event following the administration of the vaccine. This vaccine should not be given to individuals with thrombocytopenia or any coagulation disorder that would contraindicate intramuscular injection, but may be given subcutaneously if the potential benefit clearly outweighs the risk. Prevenar 13 will only protect against *Streptococcus pneumoniae* serotypes included in the vaccine, and will not protect against other microorganisms that cause invasive disease, pneumonia, or otitis media. As with any vaccine, Prevenar 13 may not protect all individuals receiving the vaccine from pneumococcal disease. Individuals with impaired immune responsiveness, whether due to the use of immuno-suppressive therapy, a genetic defect, human immunodeficiency virus (HIV) infection, or other causes, may have reduced antibody response to active immunisation. Safety and immunogenicity data for Prevenar 13 are not available for individuals in other specific immuno-compromised groups (e.g., malignancy or nephrotic syndrome) and vaccination should be considered on an individual basis. **UNDESIRABLE EFFECTS:** Infants and children aged 6 weeks to 5 years: The most common adverse reactions are vaccination-site reactions, fever, irritability, decreased appetite, and increased and/or decreased sleep. The common adverse reactions are vomiting, diarrhea, rash, fever, vaccination-site movement impairment and vaccination-site erythema or induration/swelling 2.5-7 cm. Children and adolescents aged 6 to 17: The most common adverse reactions are decreased appetite, irritability, vaccination-site erythema, induration/swelling or pain/tenderness, somnolence, poor quality sleep and vaccination-site tenderness (including impaired movement). The common adverse reactions are headaches, vomiting, diarrhea, rash, urticaria or urticaria-like rash and pyrexia. Adults aged 18 years and older: The most common adverse reactions are decreased appetite, headaches, diarrhea, vomiting, rash, arthralgia, myalgia, chills, fatigue, vaccination site erythema, vaccination site induration/swelling, vaccination site pain/tenderness, limitation of arm movement. The common adverse reactions are vomiting (in adults aged 50 years and over) and pyrexia (very common in adults aged 18 to 29 years).

Full prescribing information available upon request.

API-PREVENAR - 1121

Reference: 1. Prevenar 13® Malaysia Prescribing Information dated 03 November 2021.



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