



# SYMPOSIUM SERIES ON PRIMARY CARE MEDICINE

Date | **13 & 14 March 2021**  
Venue | **Four Points by Sheraton Puchong**  
16 CPD points awarded



Manipal Alumni Association Malaysia





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# FOREWORD

## President's Message



I bid a warm welcome to all the participants of this year's WATTzupDoc Symposia Series on Primary Care Medicine. We at the **Manipal Alumni Association Malaysia (MAAM)** believe in the continuous updating of medical knowledge of our healthcare professionals.

The knowledge to be gained doesn't stop the moment we graduate as a medical professional. The science of medicine is ever evolving and practising medical professionals should be updated continuously in order to remain at the forefront in the delivery of quality healthcare.

There will always be new challenges like the present COVID-19 Pandemic whereby we will need to update

ourselves on managing this disease and at the same time we may need to change some of our practises.

For example, it may not be safe to use the direct ophthalmoscope to examine the retina. Digital Retinal Imaging may be the preferred option in future. Naturally, COVID-19 related topics have been included in the symposium.

It is with this that the MAAM has through its own Society of Scientific Studies continuously strived to bring Continuous Professional Development activities to not only its own members but to the medical fraternity at large.

I hope that the participants of this symposium will find it fruitful and I wish this WATTzupDoc Symposia Series on Primary Care Medicine a continuous success.

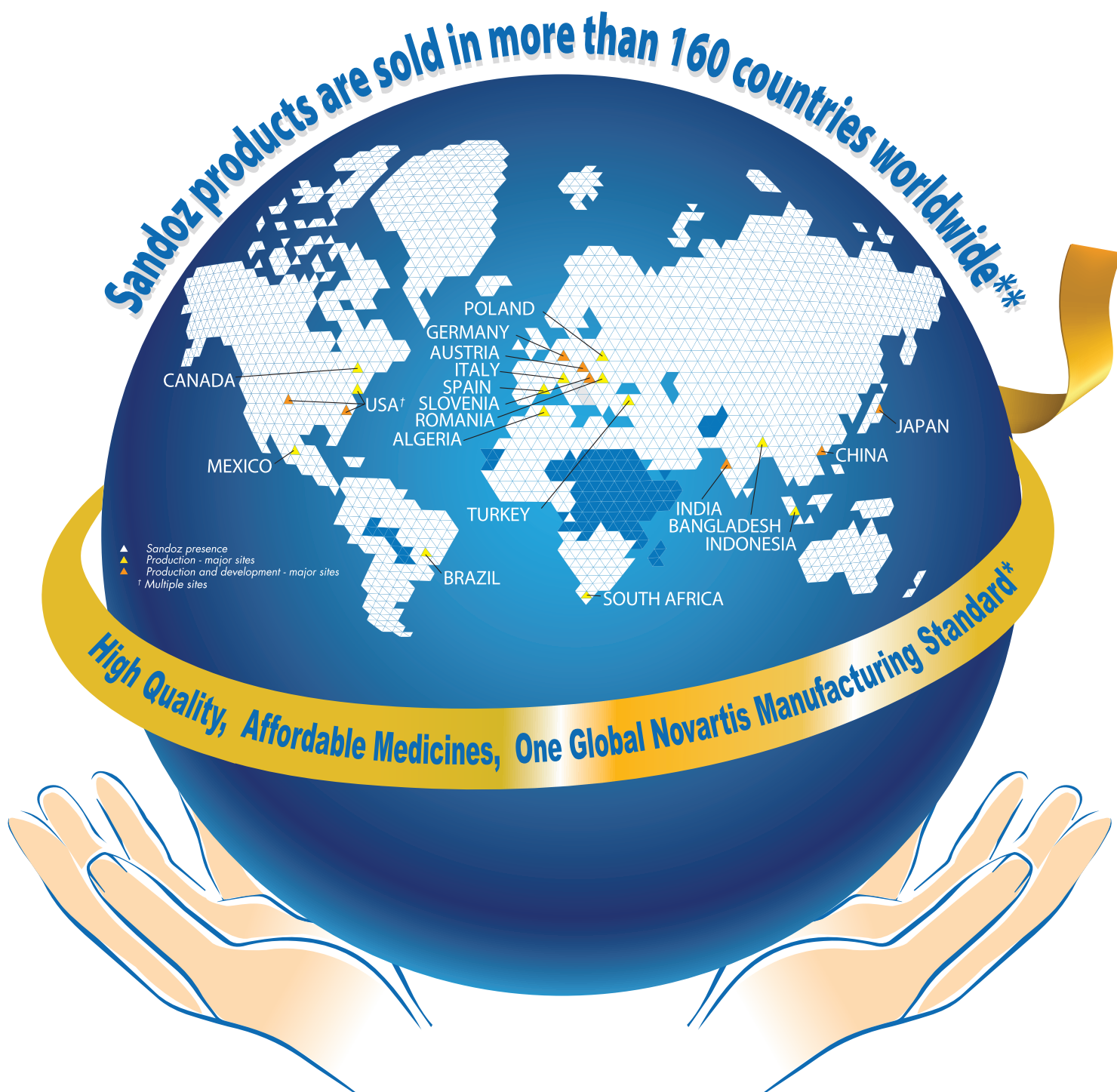
**Dr Kewaljit Singh,**

*President,*

*Manipal Alumni Association Malaysia*



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# HONORARY Chairman's Message



Organising this year's chapter of our ongoing annual WATTzupDoc Symposia Series on Primary Care Medicine is a challenge due to the ongoing COVID-19 pandemic. At the conclusion of the previous symposium held in January, 2020 at the beginning of the worldwide pandemic, we were faced with a difficult situation.

Unsure of how the pandemic will play out, whether it will fizzle out in a few months or if it will remain with us for a few more years, there was nothing that we could base our decision on.

The choice was then made to go ahead and plan for the 2021 symposium as at the forefront of our thoughts is the reminder that we had taken a stance to provide an annual Continuous Professional Development (CPD) symposium at the beginning of each year for the benefit of our healthcare professionals. Pandemic or not, we should strive to have the program set up.

The challenge facing us is whether there will be some form of a Movement Control Order (MCO) facing us then, and we had to convince those financial supporters of ours in the healthcare industry that it will be a viable venture.

And so here we are, at the 2021 WATTzupDoc Symposia Series on Primary Care Medicine.

**Dr Koh Kar Chai,**  
*Organising Chairman*



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**References:** 1. Reimer C et al. Randomised clinical trial: alginate (Gaviscon Advance) vs. placebo as add-on therapy in reflux patients with inadequate response to a once daily proton pump inhibitor. *Aliment Pharmacol Ther* 2016; 43: 899-909. 2. Coyle C et al. Randomised Clinical Trial: Addition of alginate-antacid (Gaviscon Double Action) to proton pump inhibitor therapy in patients with breakthrough symptoms. *Aliment Pharmacol Ther* 2017; 45(12):1524-1533. 3. Bytzer P et al. Add-on alginate to proton pump inhibitor therapy in patients with breakthrough symptoms: a post-hoc analysis using a clinically relevant responder rate. Presented at Gastro Update Europe (Vienna), April 2017. 4. Rohof WO et al. An alginate-antacid formulation localizes to the acid pocket to reduce acid reflux in patients with gastroesophageal reflux disease. *Clin Gastroenterol Hepatol* 2013; 11:1585-1591. 5. Strugala V et al. A Randomized, controlled, crossover trial to investigate times to onset of the perception of soothing and cooling by over-the-counter heartburn treatments. *J Int Med Res*. 2010; 38(2):449-457. 6. Hampson FC et al. Alginate-antacid combinations: raft formation and gastric retention studies. *Drug Dev Ind Pharm* 2010; 36:614-623. 7. Moss HA et al. Anti-reflux agents, stratification or floatation? *Eur J Gastroenterol Hepatol* 1990; 2:45-51.



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For Healthcare Professional Use Only 062437 Date of Production: 8th Jan 2020





# SYMPOSIA SERIES ON PRIMARY CARE MEDICINE

Venue: Four Points by Sheraton Puchong | Date: 13 & 14 March, 2021

Event ID: CPDE22967 & CPDE22968 (16 points)



13 March 2021 (Saturday)		
Time	Topic	
9.00am - 9.40am	Covid-19: An Overview	Dr Khairil Erwan Bin Khalid, Infectious Diseases Physician
9.40am - 10.20am	A New Paradigm For Irritable Bowel Syndrome	Dr. Jagdev Singh, Pharmacist
10.20am - 10.50am	<b>Tea Break</b>	
10.50am - 11.30am	Advances In The NIP-Moving From 5 To 6 In 1 Combination Vaccine	Dr Rakhee Yadav, Consultant Paediatrician
11.30am - 12.10pm	Protecting The Elderly Against Influenza Amid Covid-19	Dr Mohd Arif Mohd Zim, Consultant Respiratory Physician
12.10pm - 12.50pm	Digitalization Of Medical Practice	Dr David Khoo Sin Keat, Consultant Cardiovascular and Thoracic Surgeon
12.50pm - 2.00pm	<b>Lunch</b>	
	<b>Specialty Updates Via Viatrix</b>	
	<b>Allergy Armamentarium Symposium</b>	
2.00pm - 2.15pm	Overview Of Atopic March	Dr Kent Woo, Consultant Allergist and Immunologist
2.15pm - 2.55pm	Optimal Treatment Strategies For Allergic Rhinitis In Primary Care	
2.55pm - 3.05pm	Q&A Session	
3.05pm - 3.50pm	More Than Meets The Eye – Is That Eczema?	Associate Prof Dr Adrian Yong Sze Wai, Consultant Dermatologist and Dermatological Surgeon
3.50pm - 4.00pm	Q&A Session	
	<b>Musculoskeletal Disease Symposium</b>	
4.00pm - 4.40pm	Knee Osteoarthritis Management: A New Approach For Malaysia	Prof Dr Tan Maw Pin, Consultant Geriatrician
4.40pm - 5.00pm	Q&A Session	
14 March 2021 (Sunday)		
Time	Topic	Speaker
9.00am - 9.40am	Back Pain -- Red Flags in Diagnosing	Prof Dato Dr Oh Kim Soon, Consultant Orthopedic and Spine Surgeon
9.40am - 10.20am	The Importance Of Skin pH And Clinical Insights Into Its Roles In Atopic Dermatitis	Dr Heah Sheau Szu, Consultant Paediatrician and Paediatric Dermatologist
10.20am - 10.50am	<b>Tea Break</b>	
10.50am - 11.30am	Vitamin D Insufficiency & Deficiency In Malaysia - The Practical Pearls	Dr Foo Siew Hui, Consultant Endocrinologist and Physician
11.30am - 12.10pm	Taking Innovation A Step Further – Putting The Pieces Together	Dr Shalini Sree Dharan, Consultant Physician and Endocrinologist
12.10pm - 1.00pm	Pearls In Management Of Peptic Ulcers And Rabeprazole Use In Clinical Practice	Dr Loong Yik Yee, Consultant Physician and Gastroenterologist
1.00pm - 2.00pm	<b>Lunch</b>	
2.15pm - 3.00pm	The Role of Calcium and Vitamin D in Bone Health	Dr Ranjit Singh Gill, Consultant Orthopedic Hand and Microsurgeon
3.00pm - 3.30pm	Digital Retinal Imaging for Participants (Tea Break)	Dr Kewaljit Singh, Consultant Ophthalmologist
3.30pm - 4.30pm	Prevention of Blindness by Digital Retinal Imaging (Fundus Camera). Is it Financially Viable for the General Practitioner?	
4.30pm - 5.00pm	Digital Retinal Imaging for Participants (continued)	

• Program May Be Subject to Changes

# Profile of Speakers



## Dr Jagdev Singh Bhullar

### PROFESSIONAL QUALIFICATION

*Bachelor of Pharmacy (Hon.), University of Science, Malaysia – 1986*  
*Certificate in Ayurvedic Medicine, The Ayurvedic Institute, USA – 2005*

### PROFESSIONAL MEMBERSHIP

- Malaysian Dietary Supplement Association (2003-2013) - **IMMEDIATE PAST PRESIDENT**
- ASEAN Alliance of Health Supplement Association - **EXECUTIVE DIRECTOR**
- Malaysian Pharmaceutical Society - **MEMBER**
- International Society of the Study of Fatty Acids and Lipids (ISSFAL) - **MEMBER**

### EDUCATION

Jagdev graduated as a qualified Pharmacist from University Science of Malaysia in 1986. He did his pupillage in General Hospital Kuala Lumpur before joining the corporate world. Jagdev first started working as a sales executive in ICI Pharmaceuticals in 1988 and in just two years, he assumed the position of Product Manager. He was responsible for the launch and the marketing of two pharmaceutical products, in very niche markets. In a short span of time the products eventually hit the million Ringgit Mark.

However his stint at the Heart Scan Centre (1998 – 2002) in Bangsar helped him to understand heart disease better. It was not about the cholesterol as he found out. His father's cholesterol was normal, when he got his heart attack. He then started giving his initial public talks entitled "Why Caveman Don't Get Heart Attacks". The overwhelming positive response to the talks, prompted him to further research and develop more health talks. His idea on health was far different from the conventional thinking, but it generated a large following especially during his tenure as the CEO of Total Health Concept (2002-2007).

Over the past 12 years, he has given talks on various health issues to more than 30,000 individuals from over 200 public and company talks nationwide. Some of these companies are ESSO, EON, Golden Hope, HICOM, various banks and insurance companies.

He first made his presence in the Medical fraternity when he was invited to speak at the Anti-Aging Scientific conference in 2001 and again in 2004. Since then, he started to share his knowledge on nutritional medicine and in the new field of nutraceuticals with doctors either in luncheon talks in hospitals or through the Malaysian Medical Association held events.

He is the Immediate Past President of the Malaysian Dietary Supplement Association and a member of the Malaysian Pharmaceutical Society. He is also the member of the International Society of the Study of Fatty Acids and Lipids (ISSFAL). He has attended three Medical congress organised by ISSFAL to gain further insight on fatty acids and to meet world leaders in this field of research.

He has established a wide network of contacts that includes prominent researches from Harvard Medical University, National Institute of Health, US, University of Munich, Germany and many others who share the same interest. He has helped the UKM team to complete two clinical trials in collaboration with International organisation.

He constantly reads the various top medical journals and medical books to keep abreast with the latest information in the fast changing medical field. He specializes in topics on Heart Health, Anti-Aging, Gut Health, Cancer and Nutrition for Health. The talks are well researched and go beyond the commercial undertones to bring unbiased health information. With so much conflicting health information, it is refreshing to hear the views from Jagdev.



# Abstract:

## A New Paradigm for Irritable Bowel Syndrome

Irritable Bowel Syndrome is a common gastrointestinal presented by patients especially in younger females presenting with episodes of abdominal pains, bloating and bouts of either diarrheas, constipation or a mixture of both. Current treatment modalities for Irritable Bowel Syndrome (IBS) have not met desired effects and remains largely unsatisfactory.

Nutraceuticals are currently being evaluated as useful alternatives by Western researchers. A propriety complex of a bio-optimized extracts of curcumin and trans-Anethole (fennel essential oil) has shown good results in reducing symptoms and improving the Quality of life of these patients.

In this presentation, data and outcomes of result will be narrated focusing on efficacy in reduction of symptoms, tolerability and overall improvement in Quality of Life. The results are based from two trials, one is the multi-center, randomized double-blind controlled study in Italy and the other one is an observational trials by General Physicians in a real life setting in Belgium. The possible mechanism of action in modifying the disease profile will be elaborated.

The combination of bio-optimized extract of curcumin and Essential fennel oil has shown promising results with a potential treatment option for patients presenting with Irritable Bowel Syndrome.



## Dr Rakhee Yadav

- Resident Consultant Paediatrician in Ara Damansara Medical Centre
- Consultant Paediatrician at Baby & Beyond Child Specialist Clinic Publika

### CV/BIODATA

Dr Rakhee Yadav received her medical degree from Universiti Putra Malaysia in 2004 and Master of Medicine (Paediatrics) from University of Malaya in 2012. She is currently the Consultant Paediatrician at Ara Damansara Medical Centre (ADMC). Dr Rakhee Yadav is an active member of various medical societies including the Malaysian Medical Association, Malaysian Paediatric Association and National Specialist Registrar Malaysia.

## Abstract:

### Advances in the NIP: Moving from 5 to 6 in 1 Combination Vaccine

On 17th November 2020, the Ministry of Health Malaysia (MOH) officially announced the change of the National Immunization Program for Children (NIP) schedule involving all MOH Health Clinics nationwide. This implementation is following the change in the type of combination vaccine used, namely the pentavalent DTaP-IPV//Hib vaccine to the hexavalent DTaP-IPV-HepB-Hib vaccine. The vaccine inclusion in the new NIP schedule will prevent against 6 diseases namely diphtheria, tetanus, pertussis, poliomyelitis, Haemophilus influenzae type b infections, and hepatitis B. The vaccine schedule consists of 3 primary doses at 2, 3, and 5 months of age & 1 booster dose at 18 months of age. The vaccine is highly immunogenic and induces strong booster response regardless of the primary vaccination schedule. The new schedule has a total of 5 hepatitis B vaccine doses compared to only 3 doses in the previous schedule. However, clinical studies have demonstrated that up to 5 doses of Hep B vaccine can be safely administered. The hepatitis B birth dose remain unchanged but there will be no more monovalent hepatitis B vaccination at the age of 1 and 6 months in the new schedule. There are only 5 injections (1 hepatitis birth dose & 4 hexavalent DTaP-IPV-HepB-Hib vaccine doses) required to protect against the same 6 diseases compared to 7 injections required in the previous schedule. The new NIP schedule with the inclusion of hexavalent DTaP-IPV-HepB-Hib vaccine provide less injections with same vaccine protection, less pain to a child, less doctor visits for vaccination and more time for developmental assessment of the child. The inclusion of hexavalent DTaP-IPV-HepB-Hib vaccine in the NIP has simplified the NIP schedule and permit the introduction of other antigens into the NIP schedule. On top of that, the vaccine is a fully liquid form hence, no reconstitution is required prior to vaccine administration. The hexavalent DTaP-IPV-HepB-Hib vaccine has demonstrated to be safe and effective. According to global monitoring by the World Health Organization (WHO), as of October 20, 2020, 49 countries have

switched to the hexavalent DTaP-IPV-HepB-Hib vaccines in their National Immunization Program. Since 2013, the vaccine has been used in private health facilities in Malaysia and no serious safety issues have been reported.

The primary vaccination series in infancy (at 2,3, and 5 months of age) and a toddler booster (at 18 months of age) using aP-containing vaccines in the NIP schedule are part of the strategy for pertussis management throughout life. Pertussis is a highly communicable disease which is also the leading cause of infection & death among the susceptible young infants <3 months of life who are too young to be vaccinated. Caretakers including parents and grandparents (63%) and siblings (16%) are the major source of pertussis transmission who inadvertently putting infants at risk. Pertussis is a frequently overlooked disease which affect all age groups especially infants. Thus, pertussis prevention should be considered at all stages of life including maternal immunization in every pregnancy, primary vaccination series in infancy, toddler booster and school-entry booster.



## Dr Mohd Arif Mohd Zim

*Consultant Respiratory Physician and Internal Medicine  
Faculty of Medicine UiTM*

### CV/BIODATA

Dr Mohd Arif Mohd Zim is a Consultant Respiratory Physician and Internal Medicine from Faculty of Medicine UiTM. He graduated from Trinity College of Dublin Ireland in 2002. He obtained his Masters in Internal Medicine from University of Malaya in 2010 and completed his Fellowship in Respiratory Medicine in 2014.

Currently he is the Head of the Medical Department and also the Head of Respiratory Unit in UiTM Medical Specialist Centre. He is actively involved in medical education as well as research in the field of Respiratory Medicine. He is also a speaker for various topics on respiratory medicine.

He is the current secretary for Malaysian Association of Bronchology and Pulmonology Malaysia (MABIP), member of Malaysian Thoracic Society of Malaysia (MTS), Sleep Disorder Society of Malaysia (SDSM) and European Society of Respirology (ERS).

## Protecting The Elderly Against Influenza Amid Covid-19

Influenza is a highly contagious disease generally seen year-round in Malaysia, with no clear seasonal trends. Older adults are considered as high risk group by WHO as they are at greater risk of severe disease and complications. They also bear the greatest burden of morbidity and mortality in terms of influenza related hospitalization and death. The Malaysian Society of Infectious Disease and Chemotherapy 3rd Adult Immunisation Guidelines recommends influenza vaccine to selected priority groups, with older adults being one of them. Similar to influenza, COVID-19 severity is associated with advanced age, and older adults are at much greater risk of severe disease and death. Hence, during this covid-19 pandemic, the WHO Strategic Advisory Group of Experts (SAGE) on Immunization has also identified older adults as a high-priority risk groups to be vaccinate against influenza.



## Dr David Khoo Sin Keat

*Consultant Cardiovascular & Thoracic Surgeon  
MD (UKM), FRCS (Edinburgh), Fellowship in Cardiovascular & Thoracic Surgery (Mayo Clinic, USA)*

### CV/BIODATA

Dr David Khoo is the founder and Chairman of iHEAL Health Sdn Bhd. He also heads iHEAL's flagship hospital, iHEAL Medical Centre, Kuala Lumpur as the Medical Director and a practicing Consultant Cardiovascular and Thoracic Surgeon. Dr David Khoo began his medical career in 1989 at University Hospital Kuala Lumpur and within 4 years, he qualified as a Surgeon having obtained the Fellowship of the Royal College of Surgeons of Edinburgh.



He then started his training in Cardiothoracic Surgery as a Senior Registrar at the National Heart Institute, Kuala Lumpur in 1993. Subsequently in 1996, Dr Khoo underwent a Fellowship in Advanced Cardiovascular and Thoracic Surgery at the Mayo Clinic, USA. He returned to Malaysia in 1997 and was promoted to the post of Consultant Cardiothoracic Surgeon at the National Heart Institute where he served until the year 2000, when he then started the first Cardiothoracic Surgical service in Perak at the Ipoh Specialist Centre. He returned to Kuala Lumpur in 2004 and was the Consultant Cardiothoracic Surgeon at Subang Jaya Medical Centre and Gleneagles Intan Medical Centre until his appointment as Head of Cardiothoracic Surgical Services at Prince Court Medical Centre and his founding of iHEAL Health.

He has won numerous academic awards and has been an active participant in various local and international conferences. An innovative surgeon, Dr Khoo has pioneered many operations in Malaysia including beating heart coronary artery bypass surgery as well as surgery for sweaty palms. He is currently the most experienced local surgeon in the field of Less Invasive Cardiothoracic Surgery.

In entrepreneurship, Dr Khoo as the founder and leader, had steered iHEAL Medical Services Sdn Bhd to 6 accolades namely, Asia Success Award in 2013, Sin Chew Business Excellence Award in 2015, Asia Pacific Entrepreneurship Award in 2016, Malaysia Health & Wellness Brand Awards 2017 and Grandeur International Business Award 2017/2018 and SOBA Awards 2019-Male Entrepreneur of the year.

Born in Penang in 1963, an alumni of the Penang Free School, Dr Khoo had an illustrious academic background with many scholarships and awards. He graduated in 1989 from Universiti Kebangsaan Malaysia with a Doctor of Medicine degree and was awarded the University Gold medal. He is also a Fellow of the Royal College of Surgeons of Edinburgh and an alumnus of the Mayo Clinic, USA in 1993.

## Abstract:

### Digitalization of medical practice

In an era where technology is shaping our lives, the way we transact and the way we do business, the adoption of technology in healthcare is inevitable. Digital health is the convergence of digital technology with healthcare and it is about embracing and working hand-in-hand with the emerging healthcare technology to stay relevant as a healthcare service provider in the coming years.

One of the biggest hindrances of adopting digital health is the doubt and the reservation that a healthcare service provider might have about them and Ourcheckup Sdn Bhd is determine to help you change your perception and guide you through how you can leverage on this advancement to build a stronger and sustainable practice.

OurCheckup Sdn Bhd is the manager and custodian of Patient Generated Health Data via our cloud based repository platform called Ourcheckup, that continuously collects, keeps, updates and analyses health data collected by the patients using a range of portable connected medical devices and allow this data to be accessed by the healthcare service provider for further analysis and diagnosis.

The focus of Ourcheckup is to provide a platform specifically to monitor and manage risk factors of heart disease which is the No 1 killer in Malaysia. Our flagship mobile application called iCheckup Plus, is the first of its kind doctor assisted connected health programme and unlike other programmes or solutions available in the market, iCheckup Plus connects the patient to the doctor of their choice to form a partnership that would help them to manage and monitor their risk factors of heart disease.

With the comprehensive health data collected by the patient round-the-clock, it provides a wide and clear indication that will enable the doctor to chart the performance and the progress of the patient to determine the most appropriate health management plan and the implementation of proactive care to support the patient, hence reducing the patient's needs to be hospitalised and subsequently reducing the cost of healthcare.

iCheckup Plus is an unique solution that allows the doctor and the patient to work together to set health performance targets and review the outcome of the targets every quarter through a quarterly report. The report tracks the patient's heart health achievement by measuring the actual results achieved against the targets and at the same time, a 10-year Cardiovascular Risk Score indicating the likelihood of the patient having a heart attack event in the next 10 years is generated by iCheckup Plus so that the doctor can use such information to enhance current or implement new management of care for the patient aimed at bringing the down the risk.

iCheckup Plus helps doctors to promote patient engagement and retention.



## Dr Kent Woo

*Consultant Allergist and Immunologist.*

### CV/BIODATA

Dr Kent Woo graduated from medical school at Thomas Jefferson University, Philadelphia. He then obtained his Internal Medicine residency training at Eastern Virginia Medical School where he was nominated by his peers to serve as Chief Resident of Internal Medicine. Subsequently, he served as an Assistant Professor of Medicine and developed the academic hospitalist program at Norfolk General Hospital in Virginia. Later on, Dr Woo pursued further subspecialty training in the field of Allergy and Immunology at Louisiana State University. He was inducted as a member of the Alpha Omega Alpha Honor Medical Society for his excellence in medicine. Dr Woo is board certified by

the American Board of Internal Medicine and the American Board of Allergy and Immunology. He was also awarded a Diploma in Clinical Dermatology with distinction from Queen Mary University of London. Dr Woo sees both pediatric and adult patients with allergic diseases at Gleneagles Hospital Kuala Lumpur.

TOPIC TITLE: “Optimal Treatment Strategies for Allergic Rhinitis in Primary Care”



## Assoc Prof Dr Adrian Yong Sze Wai

*Consultant Dermatologist & Dermatological Surgeon*

### CV/BIODATA

Associate Professor Dr Adrian Yong Sze Wai is a Consultant Dermatologist & Dermatological Surgeon. He is the medical director of AY Skin Specialist Clinic. A/Professor Yong obtained his medical degree from the prestigious Royal Free and University College Medical School, London, UK. He subsequently pursued his internal medicine specialist training and obtained his Membership of the Royal College of Physicians. Besides, He completed dermatology training in UK. He has been active in medical research and presented papers at various conferences as well as published numerous scientific publications and authored Textbook. He is also an expert reviewer

for British Journal of Dermatology, Clinical and Experimental Dermatology and Malaysian Journal of Dermatology.

TOPIC TITLE: “More than Meets the Eye-Is that Eczema?”

## Abstract:

### “Overview of Atopic March” and “Optimal Treatment Strategies for Allergic Rhinitis in Primary Care”

Atopic march is a concept that describes the progression of atopic disorders from atopic dermatitis (AD) in infants to allergic rhinitis and asthma in children. It affects approximately 20% of the population worldwide. Patients with AD may develop a typical sequence of AD, allergic rhinitis and asthma at certain ages. Some patients may have disease that persists for several years, whereas others may see improvement or resolution with increasing age. Therefore, early and optimal disease management and treatment is important to prevent the subsequent development of atopic diseases.



## Prof Dato Dr Oh Kim Soon

### CV/BIODATA

Dr Oh Kim-Soon read medicine at the Kasturba Medical College, Manipal, India graduating in 1990. After obtaining a Master degree in Orthopaedic Surgery from UKM, he trained under Dr Mazwar Sofiyan at the Spine Unit, Hospital Kuala Lumpur and with Dato Dr Seto Boon Chong at Hospital Pulau Pinang before continuing training with Prof Dr Gert Muhr at the Ruhr Universitat, Bochum, Germany in 2002. Dr Oh serves on the editorial boards of the Journal of Musculoskeletal Research and the Journal of Clinical Anatomy. He was Industry Advisor and is currently Adjunct Professor (Orthopaedics) in the Faculty of Medicine, Universiti Tunku Abdul Rahman, Kuala Lumpur. Dr Oh holds industry appointments as Academic Consultant



to Medtronic (Inc) and Zimmer Holdings Inc. He also contributes to the Johnson & Johnson DePuy Synthes Asia-Pacific speakers' bureau. He currently works at Island Hospital, Penang, Malaysia.

## Abstract:

### Red Flags In Low Backpain

Primary care physicians encounter a broad range of patients in their field - patients at different stages of disease and of varying types of diseases. Faced with such a gamut of possibilities, they need to differentiate between conditions causing only mere annoyance from those that may bring about significant morbidity.

Red flags in low back pain are indicators of potentially underlying serious conditions and are useful in identifying possibly significant causes of back pain.



## Dr Heah Sheau Szu

*Consultant Pediatrician and Pediatric Dermatologist, Sunway Medical Centre*

*MBBS (Universiti Malaya) 2002*

*MRCPCH (UK) 2007*

*Fellowship in Pediatric Dermatology (MOH) 2015*

### CV/BIODATA

Dr Heah Sheau Szu is a consultant pediatrician and Pediatric Dermatologist in Sunway Medical Centre. She graduated from Universiti Malaya in 2002 and has worked in various state and district hospitals of Ministry of Health. After obtaining her Pediatric membership from the Royal College of Paediatrics and Child Health of UK in 2007, Dr Heah subsequently pursued pediatric dermatology subspecialty training both locally in Hospital Kuala Lumpur and

overseas, in Australia (The Children's Hospital at Westmead and Royal Children Hospital, Melbourne). Upon completion of pediatric dermatology training she served as a pediatric dermatologist in Pediatric Institute Hospital Kuala Lumpur (now Hospital Tunku Azizah Women and Children Hospital), the largest tertiary referral center and for pediatric dermatology in Malaysia.

Dr Heah is actively involved in teaching and training of medical students, house officers, medical officers and pediatric dermatology trainees as well as paramedics. She was awarded the Excellent Service Award in 2016. She has been invited as a local and international speaker for various conferences and workshops in the field of pediatrics and dermatology. She authored a children educational booklet on Thalassemia and co-authored a dermatology atlas. She has also presented oral papers and posters, as well as published many clinical researches. Her field of interest in pediatric dermatology focus on atopic eczema, infective skin disorders, birthmarks, vascular anomalies, skin and food allergies, hair and nail disorders, autoimmune skin disorders. She does various dermatology procedures including biopsy, cryotherapy, electrotherapy, wet wrap and laser therapy.

## Abstract:

### The Importance of Skin pH and Clinical Insights into Its Roles in Atopic Dermatitis

Atopic dermatitis is a form of dermatitis commonly seen in children and adults. Its pathophysiology is complex and is centered on the barrier function of the epidermis. An important aspect of the skin's barrier is pH, which in turn affects a number of parameters such as the skin flora, protease function, and mediators of inflammation and pruritus. Normal skin pH is acidic and ranges from 4 to 6. Skin pH in atopic dermatitis patients is often increased into the neutral to basic range, and the resulting cascade of changes contributes to the phenotype of atopic dermatitis. Therefore, the maintenance of normal skin pH remains an important topic in understanding and treating atopic dermatitis. The pH of a product may give important information to choose a suitable emollient for AD. Ideal emollients for AD should be acidic with an appropriate buffering capacity for lowering skin pH sustainably.



## Dr Foo Siew Hui

*Consultant Endocrinologist & Physician  
Subang Jaya Medical Centre*

### CV/BIODATA

Dr Foo Siew Hui is currently the Head of Endocrine Unit at Selayang Hospital. She is also practicing as a Consultant Endocrinologist at Subang Jaya Medical Centre.

Dr Foo completed her basic medical degree in 1999 with Bachelor of Medicine & Surgery (MBBS, 1st class honours) at University of Sydney, Australia. She started working in 2000 as a house officer at Kuala Lumpur Hospital followed by medical officer at Selayang Hospital from 2001.

After obtaining her MRCP from United Kingdom in 2004, Dr Foo served as a clinical specialist in internal medicine at Selayang Hospital. She later underwent her subspecialty training in Endocrinology in 2006 and obtained the Fellowship in Endocrinology in 2009. She started the endocrine service at Selayang Hospital in 2010 and has been the head of the Endocrine Unit since.

Apart from clinical work, Dr Foo has been involved in various industry-sponsored and investigator initiated clinical research in the field of endocrinology, diabetes and cardiovascular disease since 2005 including EMPAREG-Outcome, EXSCEL etc. She has publications in various local, regional & international journals. She has also presented research papers in local and regional conferences.

Starting from 2014, Dr Foo has been engaged as a trainer for the Ministry of Health Endocrinology Subspecialty Fellowship training. She is also a member of the task force for National Practical Guide of Insulin Treatment, National Practical Guide for Inpatient Glycemic Management as well as the Malaysia Clinical Practice Guideline for Thyroid Disorders and Malaysia Clinical Practice Guideline for Management of Type 2 Diabetes etc.

Dr Foo is a council member of the Malaysian Endocrine & Metabolic Society (MEMS) and has been actively involved in the MEMS annual congress as faculty member as well as organizing committee. She is committed in continuous medical education by delivering lectures, workshops, seminars etc. at the state, national and regional level. She has also been involved in public health education via public forum through the mass media.

## Abstract:

### Vitamin D Insufficiency & Deficiency – What Do I Need To Know?

It is estimated that 50% of the global population does not get enough vitamin D. While vitamin D deficiency is the most common nutritional deficiency worldwide, it is also the most underdiagnosed medical condition in both children and adults.

Prevalence study in Malaysia found that 67.4% of multi-ethnic adults are deficient in Vitamin D. Long-term or severe vitamin D deficiency can lead to decrease in muscle strength, increase the risk of osteoporosis, as well as frequency of falls and fractures.

In current clinical practice, it is usual to prescribe initially high loading doses in those individuals with a low serum 25(OH)D concentration in order to reach the desired target level of 30 ng/mL and to continue with long-term treatment using lower doses in order to maintain the 25(OH)D level above the target.

However, is high dose Vitamin D safe to be prescribed – for treatment and prevention? Should all patients be screened for 25(OH)D concentration before initiation of Vitamin D? How should we diagnose patients with deficiency – any signs and symptoms? Which forms of Vitamin D are safe to be used without routine monitoring?

By end of the lecture, we can understand more on the consequences of Vitamin D deficiency, diagnosis, treatments and prevention strategies especially at the primary care settings.





# Dr Ranjit Singh Gill

M.B.,B.S., FRCSEd, FRCSGlasg., A.M. (Mal)  
Kuala Lumpur Sports Medicine Centre

## CV/BIODATA

M.B.,B.S.	Medical Faculty, University Of Malaya Malaysia 1988
FRCSEd	Fellow Royal College of Surgeons of Edinburgh, United Kingdom 1993
FRCSGlasg.	Fellow Royal College of Surgeons and Physicians of Glasgow, United Kingdom 1993

Fellowship in Hand and Microsurgery  
University of Louisville, Kentucky, USA & Christine M. Kleinert Institute for Hand & Microsurgery  
Louisville, Kentucky, USA 1996

A.M. Member, Academy of Medicine Malaysia 1997

## PRESENT POSTS

Clinical Director, Hand & Upper Limb Division  
Kuala Lumpur Sports Medicine Centre (2005 – Present)

Clinical Director,  
Hand & Microsurgery Unit, Pantai Hospital, Kuala Lumpur (2003 – Present)

Consultant Orthopaedic Hand & Microsurgeon at  
- Pantai Hospital, KL (1998 – Present)  
- Gleneagles Intan Medical Centre, KL (2001 – Present)  
- Sunway Medical Centre, KL (2002 – Present)

Visiting Clinical Lecturer in Hand Surgery,  
Department of Orthopaedic Surgery, Universiti  
Kebangsaan Malaysia. (1998 – Present)

Department of Orthopaedic Surgery,  
University of Malaya (2006 – 2008)

## Abstract:

### The Role of Calcium and Vitamin D in Bone Health

Calcium is good for your bones and helps ward off osteoporosis. The nutrient is essentially a building block of bone, and it helps maintain bone strength throughout your lifetime. But calcium can only reach its full bone-building potential if your body has enough vitamin D. Calcium and vitamin D work together to protect your bones—calcium helps build and maintain bones, while vitamin D helps your body effectively absorb calcium. So even if you're taking in enough calcium, it could be going to waste if you're deficient in vitamin D.

#### CALCIUM

Your bones contain 99.5% of the total calcium in your body. Many people take in enough calcium from the foods they eat. The daily recommended dietary calcium intake varies by age, sex, and hormone status. Recent studies have shown that many American girls do not get enough calcium in their diet after the age of 11. Many blame this on the substitution of soda for milk, yet the problem does not seem to be the same for males (1).

It is important to note that many women of all ages do not get enough calcium in their diet. The vast majority of endocrinologists encourage their female patients to take supplemental calcium daily. One of the easiest and most effective methods of increasing your calcium intake is to take an oral calcium supplement. There are several over-the-counter forms of oral calcium that can help maintain healthy bones and prevent osteoporosis. Talk to your doctor about what option is best for you.

#### VITAMIN D

Vitamin D helps your body absorb calcium. Sunlight is actually the main source of vitamin D for many people. However, staying in the sun without proper skin protection puts you at risk for skin cancer. If you're worried about this risk, or live in a northern climate where sun exposure isn't a year-long guarantee, many foods will provide you with your daily intake of vitamin D.

You may want to take a daily multi-vitamin or vitamin D supplements. There are also calcium supplements available that also contain vitamin D. Getting enough calcium and vitamin D—either through your diet or a supplement—is an essential part of any osteoporosis prevention plan.



## Dr Loong Yik Yee

*Consultant Physician & Gastroenterologist*

### CV/BIODATA

Dr Loong graduated with distinction and honours from UKM. He is a member of Royal College of Physician since 2001. He has been practising gastroenterology for the past 15 years. In his professional teaching life, he has been given research grants to conduct studies and published in peer reviewed local and international journals. He has also contributed chapters in medical books. He was the Head of Department of Medicine & Associate Professor in UPM, then Head of Gastroenterology and Internal Medicine Unit before going into private practice in 2012. His areas of interest include colon cancer screening, Helicobacter infection, hepatitis, fatty liver disease, lifestyle diseases and obesity. Dr Loong is now located at Ara Damansara Medical Centre, Life Care Diagnostic Bangsar South, and Beacon Hospital.

### Abstract:

#### **Pearls in management of peptic ulcers and rabeprazole use in clinical practice**

Peptic ulcer disease is a very common condition in clinical practice. Peptic ulcers can develop due to multiple causes which include Helicobacter pylori infection, chronic NSAID use, aspirin, alcohol and smoking. Untreated or inadequately treated peptic ulcer can lead to persistent symptoms and sometimes complications with significant morbidity and mortality.

A holistic and comprehensive management of peptic ulcer disease must include reducing or eliminating contributing factors, treating the symptoms, promoting ulcer healing, reducing risk of ulcer recurrence and prevention of complications. Proton pump inhibitors are currently the mainstay of treatment in peptic ulcer disease due to its' strong acid inhibition ability. Proton pump inhibitors are used in prophylaxis, treatment and prevention of recurrence of peptic ulcers. With the success of medical treatment and occasional use of endoscopic therapy, surgery has now only been indicated in a small minority of patients.

Rabeprazole is one of the commonly prescribed proton pump inhibitor. Its' effect is dose dependent, rapid onset and long acting. Rabeprazole has proven efficacy in the treatment of gastro-esophageal reflux disease, gastritis, peptic ulcer disease, Helicobacter pylori eradication and Zollinger-Ellison syndrome.



## Prof Dr Tan Maw Pin

*Consultant Geriatrician,  
Division of Geriatric Medicine, Department of Medicine,  
Faculty of Medicine, University of Malaya.*

### CV/BIODATA

#### **ACADEMIC QUALIFICATIONS:**

Fellowship to the Royal College of Physicians, London, 2019  
Fellow of the College of Physicians, Academy of Medicine Malaysia (Geriatrics), 2018  
Doctorate of Medicine with Commendation, Newcastle University, UK 2009  
Certificate of Completion of Training in Geriatric and General (Internal) Medicine, UK 2009  
Membership to the Royal College of Physicians, UK 2001  
Bachelor of Medicine and Bachelor of Surgery, University of Nottingham, 1998  
Bachelor of Medical Science (Honours), University of Nottingham, 1996

#### **PROFESSIONAL AFFILIATIONS/ADMINISTRATIVE ROLES:**

Managing Director, ACT4Health Pte Ltd, 2018-present  
Medical Director, Genting Dementia Day Care Centre, 2018-present  
Honorary Secretary, Malaysian Society of Geriatric Medicine 2018-present  
Adjunct Professor, Sunway University, 2018 onwards  
Academic Editor, PLOS ONE, 2018 onwards  
Lead, Ageing and Regenerative Medicine Research Thrust, Faculty of Medicine, University of Malaya 2017 to present  
Deputy Director, Centre for Innovations in Medical Engineering, University of Malaya 2018-present  
Associate Editor, Frontiers of Medicine, 2014 to present  
Council Member, Malaysian Healthy Ageing Society 2012- present

### Abstract:

#### **Knee Osteoarthritis Management: A new approach for Malaysia**

Osteoarthritis (OA) is a common cause of disability among older adults. With rapidly ageing populations and with obesity becoming an increasingly issue globally, the burden of OA is set to increase over the next few years. Data from the Malaysian



Elders Longitudinal Research (MELoR) study revealed that one in three individuals aged 55 years and over have symptoms of knee pain and OA, with a preponderance in the ethnic Malays. The healthcare system in Malaysia has yet to establish cost-effective strategies to address OA as a chronic disease. The Malaysian Consensus Guidelines for OA management addresses current issues by introducing a multidisciplinary approach incorporating lifestyle, pharmacological and surgical approaches delivered by healthcare professionals of various disciplines.



## Dr Shalini Sree Dharan

*MD (USM), MRCP (UK)  
Fellowship Endocrinology and Diabetes  
(Malaysia & United Kingdom)*

### CV/BIODATA

Dr Shalini Sree Dharan is a Physician and Endocrinologist. She obtained her Medical Degree (MD) in 2005 from University Science Malaysia in Kubang Kerian, Kelantan. She did her housemanship in Hospital Alor Star and then served in the local Klinik Kesihatan Bandar Sungai Petani as a medical Officer and then in Medical department Hospital Sultanah Bahiyah, Alor Star and Penang General Hospital. She received her Excellent Service Award in 2010 from Penang Department of Health. She passed her MRCP(UK) in 2011 and served as a physician in Hospital Kulim for 3 years before pursuing sub-specialty training in diabetes and endocrinology under the Ministry of Health, Malaysia.

She underwent her training in a few centres which includes Endocrinology and Diabetes Unit Penang General Hospital, National University Hospital (HUKM) in Cheras, Kuala Lumpur, and Hospital Putrajaya which is the main referral center for Endocrinology related diseases in Malaysia. She also had the opportunity to work in Endocrine Department in The Christie NHS Foundation Trust, Manchester (UK) as an International Clinical Fellow in Endocrinology.

During her training in The Christie NHS, Manchester, which is a referral centre for cancer in the UK, She was exposed to some endocrine related tumours and cancer related endocrine disorders. She was also fortunate to have the exposure and experience working in the Cambridge University Hospital concentrating her training on thyroid disorders and thyroid nodules, obesity and diabetes. She has done a study on hyperthyroidism and radioiodine treatment as her thesis, and was involved in a few studies related to diabetes.

She is currently the Endocrinologist in Hospital Sultan Abdul Halim Sungai Petani, where she heads the endocrine, obesity and diabetes services. She is involved in Endocrine and Diabetes education among doctors, diabetic educators and paramedics. At the same time, she is also a part time lecturer for the AIMST University. Her main interest are in Thyroid disorders, Diabetes Reproductive endocrinology and cancer related endocrine disorders.

She is currently a member of the Malaysian Metabolic and Endocrine Society of Malaysia (MEMS), Society for Endocrinology (UK), European Society of Endocrinology and the Endocrine Society (USA).

## Abstract:

### Taking Innovation A Step Further - Putting The Pieces Together

Co-formulation insulin is a new concept when it comes to insulin therapy. Insulin degludec/insulin aspart (IDegAsp) is a combination of two distinct insulin analogues (insulin degludec and insulin aspart in the ratio of 70% and 30%), with complementary pharmacokinetic/pharmacodynamic profiles. The IDegAsp combination was developed to provide fasting and postprandial glucose control with a low risk of hypoglycaemia from a simple treatment regimen. The lecture will also focus on the need of such an innovation and its difference from the available premix insulin. IDegAsp can be administered once or twice daily with the main meal(s). Insulin degludec, the new-generation basal insulin component of IDegAsp, has an ultra-long duration of action. As a result of its structure and formulation, insulin degludec forms stable and soluble multihexamers upon injection. Insulin monomers will then slowly and gradually dissociate from the multihexamers and subsequently be absorbed into the bloodstream, providing an ultra-long duration of action. A number of clinical pharmacological studies have shown that insulin degludec exhibits flat and stable steady-state pharmacokinetic and pharmacodynamics profiles in patients with diabetes. The flat and stable profile of insulin degludec was preserved in children, adolescents, patients with renal or hepatic impairment, and was independent of race. A euglycaemic glucose clamp study conducted in patients with type 1 diabetes demonstrated that insulin degludec presents a four-times lower within-patient day-to-day variability in blood glucose-lowering effect than insulin glargine U100.



## Dr Kewaljit Singh

Consultant Ophthalmologist  
MBBS (Manipal), M.S. Ophthal (UKM)

Consultant Ophthalmologist at Subang Eye Specialist Centre and  
Klinik Pakar Mata Mentakab.

### CV/BIODATA

#### MAIN INTEREST - PREVENTING UNNECESSARY BLINDNESS IN DIABETICS

30 years of experience in Ophthalmology.

Over the last 20 years I have been passionately involved in Preventing Blindness Programs and strongly believe in the old adage **"Prevention is better than cure"**. Some of the preventing blindness programs I was involved in are listed below:

- 1) In 2004, offered my services to National Diabetes Institute (NADI) in its Fight Against Diabetes (FAD) Program and was in the sub technical committee. Conducted multiple eye screening programs for the public with NADI.
- 2) In 2004 also set up the first Corporate Diabetic Retinopathy Screening Program for employees of Malaysian Airline System. This program ran from 2004 to 2015. It was a huge success and saved many diabetics from going blind.
- 3) In 2006 set up the Diabetic Retinopathy Screening programs for Klinik Kesihatan Jinjang, Ministry of Health (Wilayah). Was instrumental in preparing the paper for requesting for budget for the 1st Digital Retinal Camera in KK Jinjang after which another 3 cameras were obtained between 2007 -2009
- 4) Regularly give lectures on Preventing Blindness for various organizations, communities and corporations.
- 5) Committee Member– Preventing of Blindness and Cataract Services Monitoring– Ministry of Health (2012-2014)
- 6) Conducted Diabetic Retinopathy Screening at Klinik Kesihatan Petaling Bahagia & Kampung Pandan in collaboration with Lions Club & CIMB
- 7) In 2010, employed as Visiting Ophthalmologist by Hospital Kuala Lumpur to oversee the Diabetic Retinopathy Screening program for 13 Klinik Kesihatans in W. Persekutuan.

As the Clinical Lead of DRS program managed to increase DR Screening rate from 20% in 2011 to 90% in 2015. The success of this program was because every staff worked as a team with a common goal. Teaching, motivating, goal setting, monitoring and helping in overcoming all the challenges the KK staff faced. These were the key ingredients in implementing a successful Diabetic retinopathy Screening Program in W. Persekutuan.

## Abstract:

### Post Covid 19 - The demise of the direct ophthalmoscope

Is it the final nail in the coffin for the direct ophthalmoscope?

Direct ophthalmoscopy was already a dying art even before the Covid 19 pandemic due to the technical difficulties in using the direct ophthalmoscope .

In recent years there has been less emphasis in mastering the direct ophthalmoscope.

With the current Covid 19 pandemic, performing a direct ophthalmoscopy examination is definitely not recommended.

This lecture will cover the various options available such as digital retinal ophthalmoscopes and digital retinal cameras. The advantages and disadvantages. Is it financially viable to purchase a retinal camera for GP practice?

We will also present MAAM's solution for discussion. If time permits we will cover some common retinal disorders.

There will be free digital retinal imaging before and after the lecture for all participants.

So don't miss this lecture. And the free digital retinal imaging. Block the time and date.





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# TRAVEL ISN'T ALWAYS pretty

**TYPHIM Vi®**  
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Travelling is exciting, but sometimes we run the risk of being exposed to diseases  
**Typhoid fever** is a common contagious disease in some countries, including Southeast Asian regions<sup>1,2</sup>

## Each year worldwide<sup>3</sup>:



Between **11-21 million** cases reported



Approximately **128,000-161,000** deaths

Typhoid vaccination is compulsory for food handlers in Malaysia.<sup>4</sup>  
However, travellers may not be afforded this **luxury of protection** when travelling out of the country.<sup>5</sup>

- ✓ Effective and well-tolerated in adults and children from 2 years of age<sup>6-8</sup>
- ✓ Elicits rapid and persistent immune response<sup>8</sup>
- ✓ Both intramuscular and subcutaneous route of administration possible<sup>9</sup>
- ✓ Same dose for children and adults<sup>9</sup>

Recommend typhoid vaccination to patients planning to travel to high-risk destinations.<sup>1,3</sup>

**ONE-SHOT  
PROTECTION  
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TYPHOID FEVER**



#### REFERENCES

1. Centers for Disease Control and Prevention. Vaccination—typhoid fever. Available at <https://www.cdc.gov/typhoid-fever/typhoid-vaccination.html>. Accessed on 4 March 2020. 2. Centers for Disease Control and Prevention. Chapter 4: travel-related infectious diseases—typhoid & paratyphoid fever. Available at <https://wwwnc.cdc.gov/travel/yellowbook/2020/travel-related-infectious-diseases/typhoid-and-paratyphoid-fever>. Accessed on 23 March 2020. 3. World Health Organization. Summary of the WHO position paper on typhoid vaccines: WHO position paper—March 2018. Available at [https://www.who.int/immunization/policy/position\\_papers/PP\\_typhoid\\_2018\\_summary.pdf?ua=1](https://www.who.int/immunization/policy/position_papers/PP_typhoid_2018_summary.pdf?ua=1). Accessed on 23 March 2020. 4. Food Safety and Quality Division, Ministry of Health Malaysia. Guideline for medical examination of food handlers along the food supply chain in Malaysia. Available at <http://fsq.moh.gov.my/v6/xx/dl.php?filename=5c23003fa5489fef8e8823d752898d40.pdf>. Accessed on 4 March 2020. 5. Date KA, Bentsi-Enchill AD, Fox KK, et al. Typhoid fever surveillance and vaccine use—South-East Asia and Western Pacific regions, 2009–2013. *MMWR Morb Mortal Wkly Rep*. 2014;63(39):855–60. 6. Lebouilleux D, Dutta AK. Typhoid fever situation and Vi vaccine experience in Asia. *Med J Indones*. 1998;55-3:84–7. 7. Arnold WSG, Hargus AW, St Clair Roberts J, Ward AE. Experience with Vi typhoid capsular polysaccharide vaccine in the U.K. *J Infect*. 1992;25(1):63–66. 8. Keitel WA, Bond NL, Zahradnik JM, Cramton TA, Robbins JB. Clinical and serological responses following primary and booster immunization with Salmonella typhi Vi capsular polysaccharide vaccines. *Vaccine* 1994;12(3):195–9. 9. TYPHIM Vi Prescribing Information.

#### ABBREVIATED PRODUCT INFORMATION

1. **TRADE NAME:** TYPHIM Vi®. Active Ingredient: Polysaccharides of Salmonella typhi. **Pharmacotherapeutic class:** Typhoid, purified polysaccharide antigen. **Dosage forms and strengths:** TYPHIM Vi® is presented in the form of a pre-filled syringe containing 0.5 mL of vaccine or in the form of solution for injection in multidose. One dose of 0.5 mL of vaccine contains Polysaccharides of Salmonella typhi (Ty2 strain) 25 micrograms. 2. **THERAPEUTIC INDICATION:** Prevention of typhoid fever in adults and in children over 2 years of age and especially travellers to endemic areas, migrants, healthcare professionals and military personnel. 3. **DOSAGE AND INSTRUCTION FOR USE:** 0.5 mL single dose via intramuscular or subcutaneous routes. If exposure to risk continues, revaccination will be performed every 3 years. 4. **CONTRAINDICATIONS:** Hypersensitivity to the active substance, to any of the excipients or to formaldehyde (which may be present as traces in each dose, owing to its use during the manufacturing process). Vaccination should be postponed in case of acute febrile disease. 5. **SPECIAL WARNINGS AND PRECAUTIONS:** • This vaccine must not be injected by the intravascular route • Syncope • This vaccine protects against the risks of infection by Salmonella typhi, but not against Salmonella paratyphi A or B or non-typhoidal salmonella • This vaccine is not indicated in children under 2 years of age • The immunogenicity of TYPHIM Vi® may be reduced by immunosuppressive treatment or immunodeficiency. 6. **PREGNANCY AND LACTATION:** No reliable animal teratogenic data are available. Because of the seriousness of the disease, and in case of high risk of exposure to typhoid fever, pregnancy is not an obstacle to the vaccination protocol. This vaccine can be used during lactation. 7. **UNDESIRABLE EFFECTS:** The most common adverse events were mild injection-site reactions. They generally occurred within 48 hours of vaccination and disappeared within two days. • Injection-site pain, injection-site induration, injection-site erythema • Fever • Allergic-like reactions such as pruritus, skin rash, urticaria. 8. **INTERACTIONS:** TYPHIM Vi® may be given together with other vaccines (hepatitis A, yellow fever, diphtheria, tetanus, poliomyelitis, rabies, meningitis A+C and hepatitis B) during the same vaccination session, using separate injection sites. 9. **OVERDOSE:** No cases of overdose have been reported. 10. **REVISION DATE:** 17 November 2017. 11. **FULL PRESCRIBING INFORMATION AVAILABLE ON REQUEST FROM:** Sanofi Pasteur, vaccines division of sanofi-aventis (Malaysia) Sdn. Bhd., Unit TB-18-1, Level 18, Tower B, Plaza 33, No. 1 Jalan Kemajuan, Seksyen 13, 46200 Petaling Jaya, Selangor Darul Ehsan, Malaysia. Ref. No. MY/TYP/005/1117

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SPMY.TYPHI.20.03.0063(04/2020)