

# PUASA DAN PANDEMIK COVID

*ISHAK MASUD*

HOSPITAL PAKAR  
**AL ISLAM**  
SPECIALIST HOSPITAL

HOSPITAL MESRA

**IBADAH**

FRIENDLY

HOSPITAL





# Ramadan Compendium 2021

This is a compendium of evidence regarding fasting in Ramadan with health conditions undertaken by the British Islamic Medical Association (BIMA). This work builds upon the Ramadan Rapid Review, produced in 2020 in light of the COVID-19 pandemic. This work does not form a directive and should be used by individuals to frame an informed discussion with their clinicians. The views expressed represent the views of the author(s) and not necessarily those of BIMA and are not a substitute for professional advice.

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<sup>1</sup> British Islamic Medical Association. Ramadan Rapid Review 2020 [cited 16/03/2021]. Available from:

<https://britishima.org/ramadan-rapid-review/>

BIMA Ramadan Compendium

يَتَأْتِيهَا الَّذِينَ ءَامَنُوا كُتِبَ عَلَيْكُمُ الصِّيَامُ كَمَا كُتِبَ عَلَى الَّذِينَ مِن

قَبْلِكُمْ لَعَلَّكُمْ تَتَّقُونَ ﴿١٨٣﴾

Wahai orang-orang yang beriman! Kamu diwajibkan berpuasa sebagaimana diwajibkan atas orang-orang yang dahulu daripada kamu, supaya kamu bertaqwa.

(Al-Baqarah 2:183) | <Embed> | [English Translation](#) | [Tambah Nota](#) | [Bookmark](#)

أَيَّامَ مَعْدُودَاتٍ فَمَن كَانَ مِنكُم مَّرِيضًا أَوْ عَلَىٰ

سَفَرٍ فَعِدَّةٌ مِّنْ أَيَّامٍ أُخَرَ وَعَلَىٰ الَّذِينَ يُطِيقُونَهُ

فِدْيَةٌ طَعَامُ مِسْكِينٍ فَمَن تَطَوَّعَ خَيْرًا فَهُوَ خَيْرٌ لَهُۥ وَأَن تَصُومُوا

خَيْرٌ لَّكُمْ إِن كُنتُمْ تَعْلَمُونَ ﴿١٨٤﴾

(Puasa yang diwajibkan itu ialah beberapa hari yang tertentu; maka sesiapa di antara kamu yang sakit, atau dalam musafir, (bolehlah ia berbuka), kemudian wajiblah ia berpuasa sebanyak (hari yang dibuka) itu pada hari-hari yang lain; dan wajib atas orang-orang yang tidak terdaya berpuasa (kerana tua dan sebagainya) membayar fidyah iaitu memberi makan orang miskin. Maka sesiapa yang dengan sukarela memberikan (bayaran fidyah) lebih dari yang ditentukan itu, maka itu adalah suatu kebaikan baginya; dan (walaupun demikian) berpuasa itu lebih baik bagi kamu daripada memberi fidyah), kalau kamu mengetahui.



## AQASID AL-SHARIAH PURPOSE OF SHARIAH

To Preserve Religion	Memelihara Agama	حفظ الدين
To Preserve Life	Memelihara Jiwa	حفظ النفس
To Preserve Wisdom	Memelihara Akal	حفظ العقل
To Preserve Inheritance	Memelihara Keturunan	حفظ النسل
To Preserve Wealth	Memelihara Harta	حفظ المال

## QAWAID AL-FIQHIYYAH / ISLAMIC LEGAL MAXIMS

Principle of Motives	Tujuan	القصد
Principle of Certainty	Keyakinan	اليقين
Principle of Injury	Kemudharatan	الضرر
Principle of Hardship	Keberatan	المشقة
Principle of Custom	Uruf / Adat	العرف

22

# Adakah kita **sihat?**



Secara amnya,

**1**  
daripada **5**

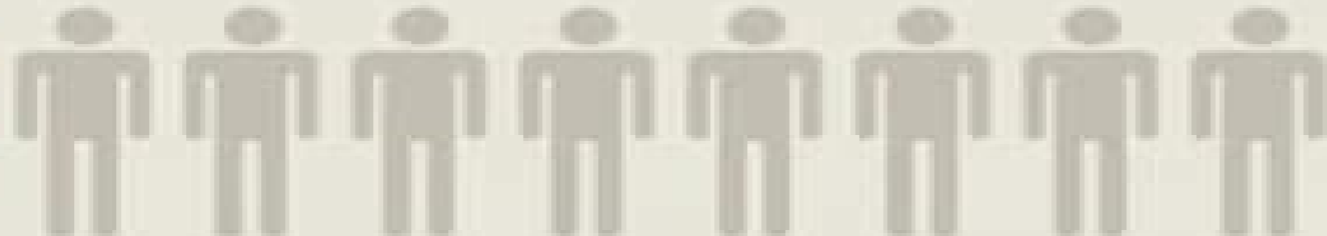
orang penduduk<sup>^</sup> menilai kesihatan diri mereka sebagai

**"tidak bagus"**

<sup>^</sup> berumur 13 tahun dan ke atas



Dalam **dua minggu**\* yang lepas,

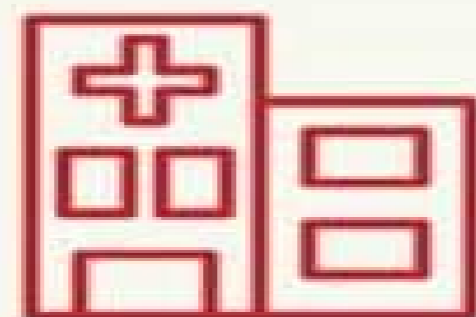


**20%**

daripada penduduk di Malaysia melaporkan mereka **tidak sihat**

\* sebelum temuramah

Dalam kalangan mereka yang tidak sihat,



57.5%



mendapatkan jagaan atau nasihat daripada pengamal kesihatan



22.8%



mengubati diri sendiri<sup>~</sup>

<sup>~</sup> mengambil ubat tanpa nasihat daripada pengamal kesihatan



16.4%



mendapatkan nasihat daripada ahli keluarga/kawan



11.3%



mendapatkan nasihat daripada media massa

(contoh: Internet, TV, radio, surat khabar dan sebagainya)

05

## Hipertensi



Hipertensi atau tekanan darah tinggi yang tidak dirawat boleh mengakibatkan serangan jantung, strok dan penyakit kardiovaskular yang lain

Bacaan tekanan darah  $\geq 140/90$  mmHg adalah tinggi

**Hanya separuh**

menyedari bahawa mereka menghidap penyakit ini

Di dalam kalangan mereka,

**90%** mengambil ubat-ubatan,

namun hanya **45%** mempunyai tekanan darah yang terkawal



**3 daripada 10**

atau 6.4 juta orang di Malaysia menghidap hipertensi

Tekanan darah tinggi meningkat dengan usia

Bagi mereka yang di bawah umur 30 tahun

**lelaki**

adalah 3X lebih ramai mengalami hipertensi berbanding perempuan

Jalankan pemeriksaan tekanan darah dengan kerap dan pastikan anda mempunyai tekanan darah yang terkawal

#KawalTekananDarah Anda



LIVE

1.8K

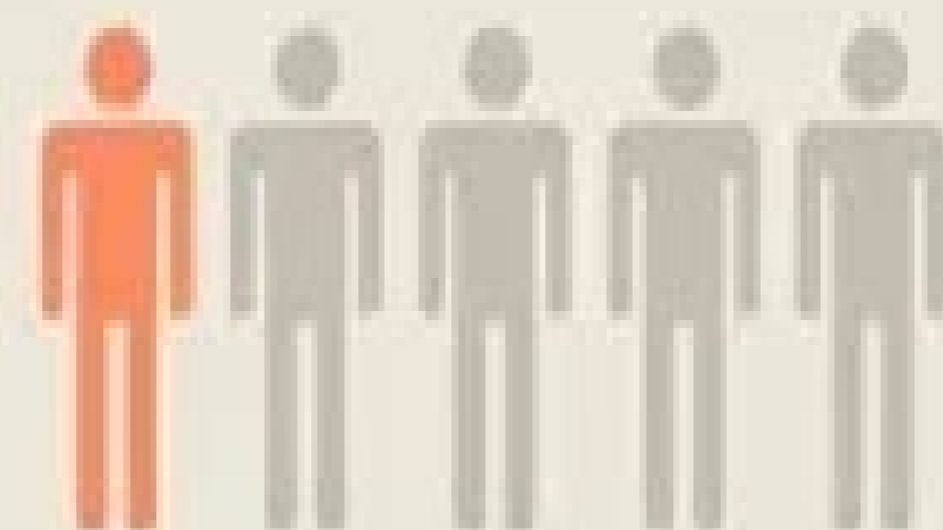


04

# DIABETES

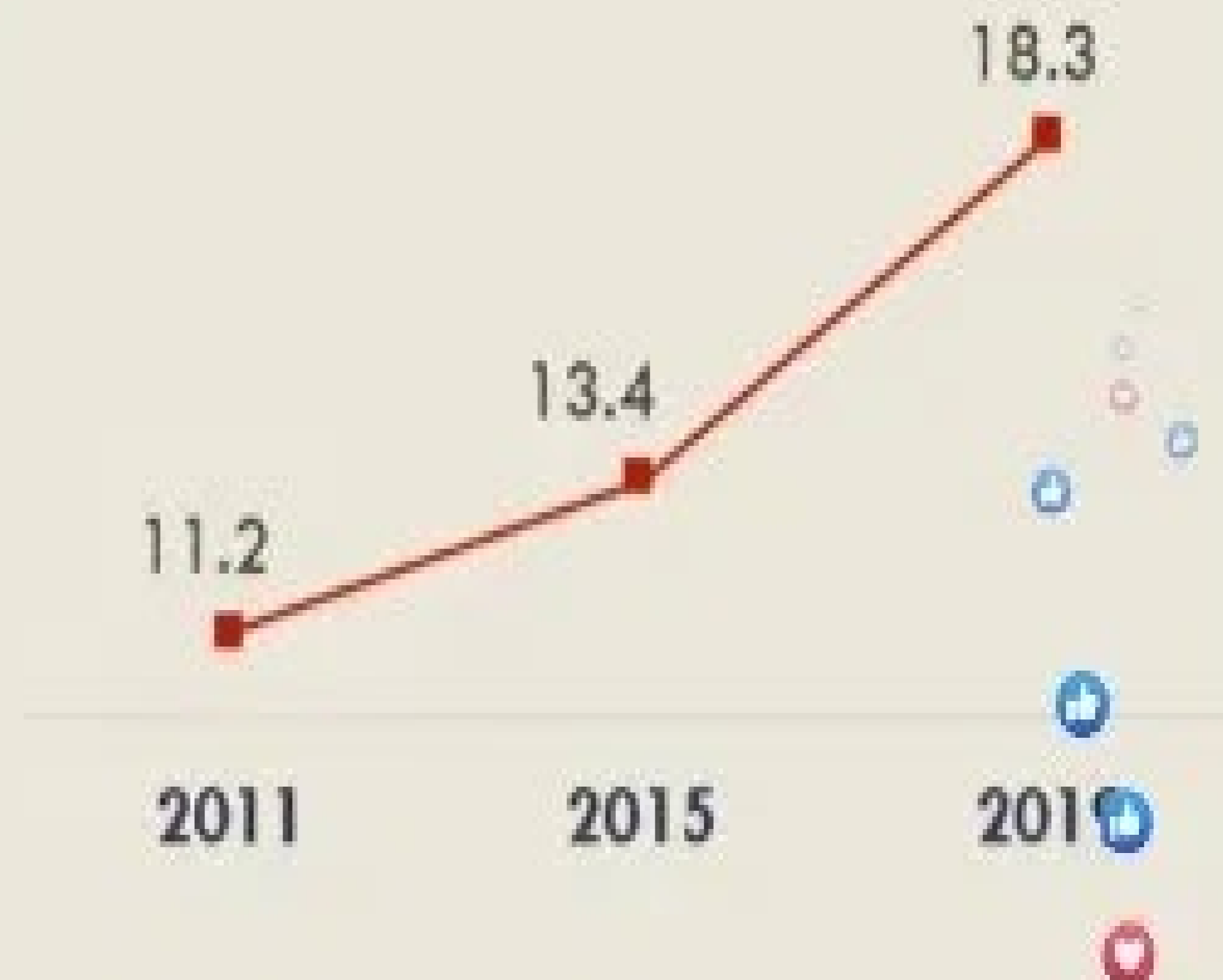
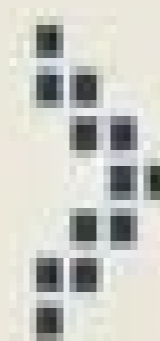
Didiagnosa Diabetes + Tidak Tahu Menghidap Diabetes ( $\geq 7.0$  mmol/L)

Dianggarkan  
**3.9 Juta**  
orang berumur  
18 tahun ke  
atas



**1 daripada 5**

dewasa di  
Malaysia  
menghidap  
**diabetes**





06

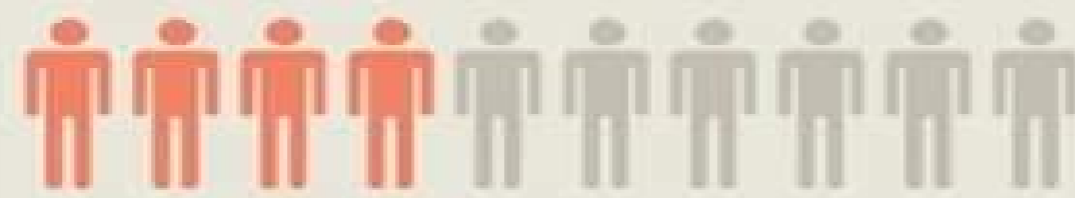
## Kolesterol tinggi



Kolesterol yang tinggi boleh menyebabkan **deposit lemak** pada dinding pembuluh darah (arteri) dan boleh mengakibatkan **sakit jantung**

Tahap kolesterol tinggi ialah **jumlah kolesterol:**

**5.2 mmol/L atau lebih**



**4 daripada 10**

orang atau **8 juta** orang dewasa di Malaysia mempunyai tahap kolesterol tinggi

 **LELAKI**  
**32%**  
 Perempuan mempunyai tahap kolesterol yang lebih tinggi berbanding lelaki

 **PEREMPUAN**  
**45%**

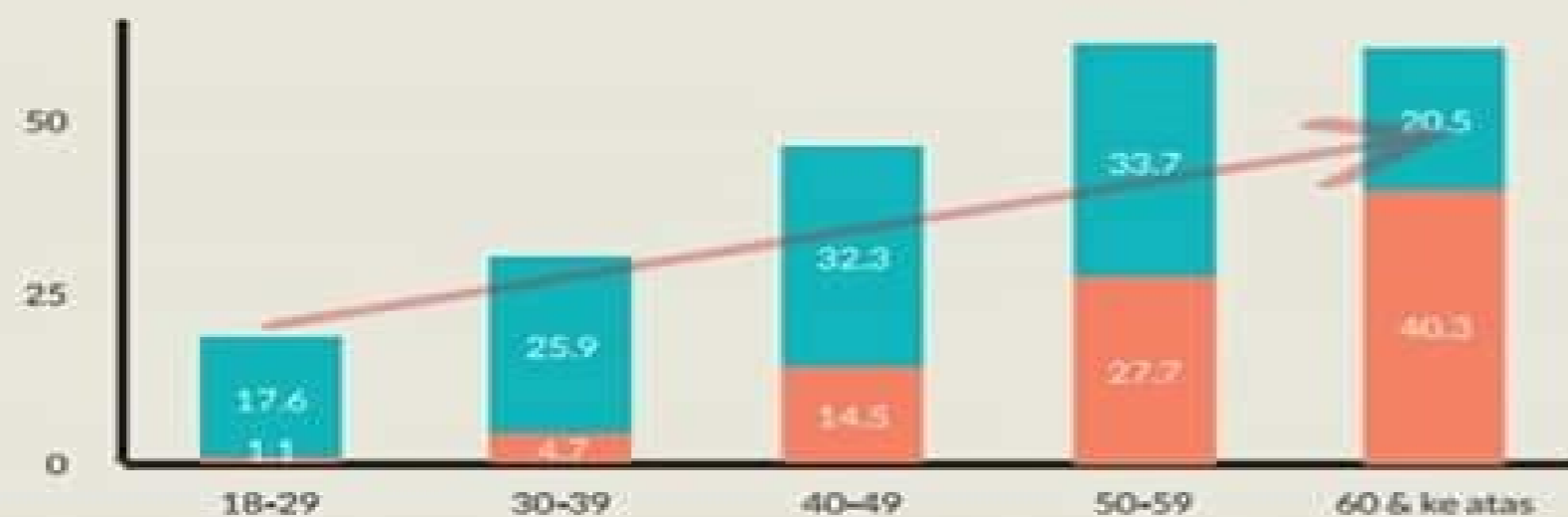
**1 daripada 4** tidak tahu mereka mempunyai tahap kolesterol tinggi





**80%** daripada mereka yang mempunyai tahap kolesterol tinggi menerima ubat penurun kolesterol



**63%** daripada mereka yang menerima ubat penurun kolesterol berjaya mengawal tahap kolesterol mereka



Mereka yang berumur **40-59 tahun** paling ramai tidak mengetahui mereka mempunyai tahap kolesterol tinggi.

-  Tidak mengetahui mereka mempunyai tahap kolesterol tinggi
-  Tahap kolesterol tinggi yang didiagnos



Cases

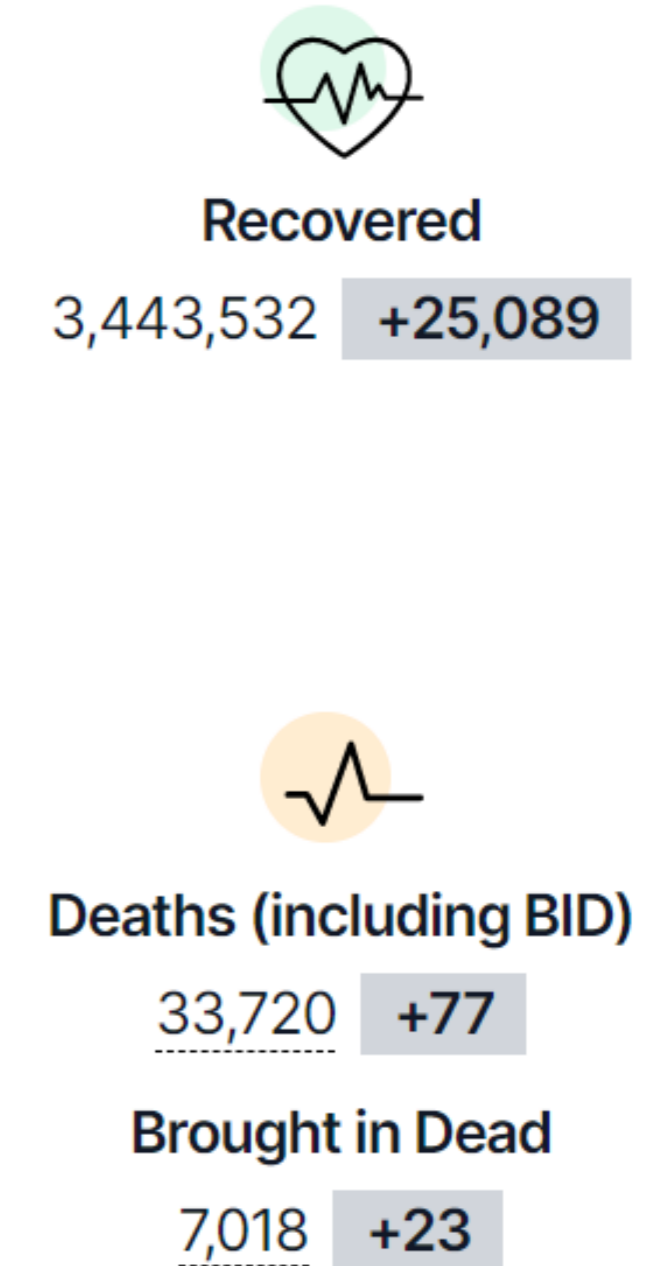
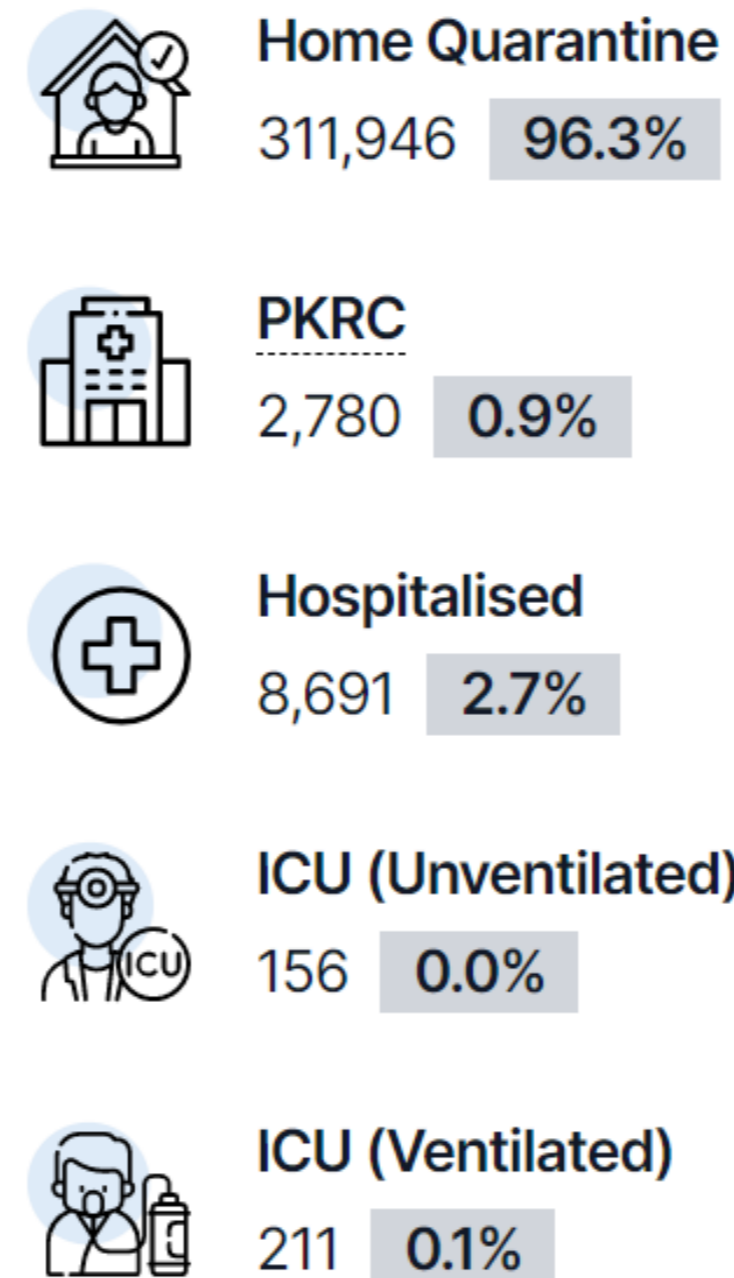
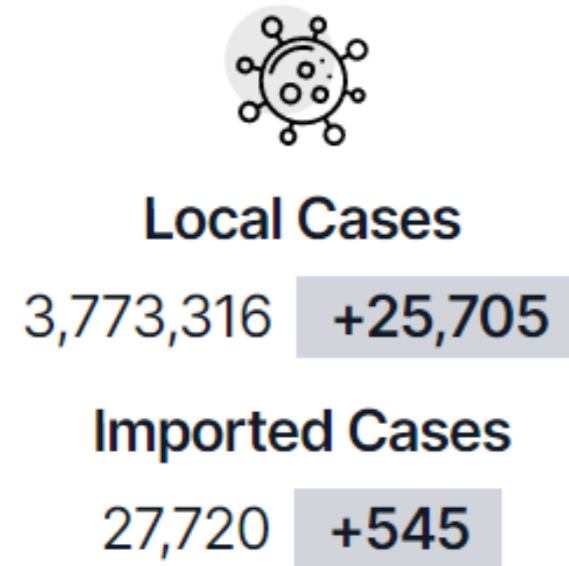
Data as of 12 Mar 2022, 11:59 pm

## Active COVID-19 Cases

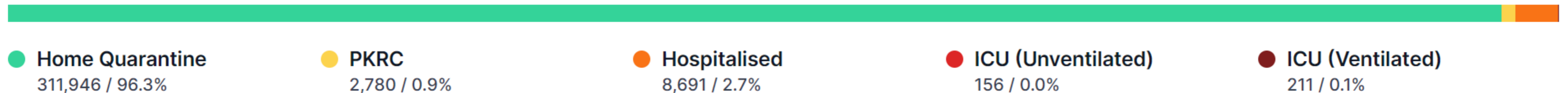
Data for Malaysia

### Active Cases

323,784 +1,084



### Distribution - Active Cases



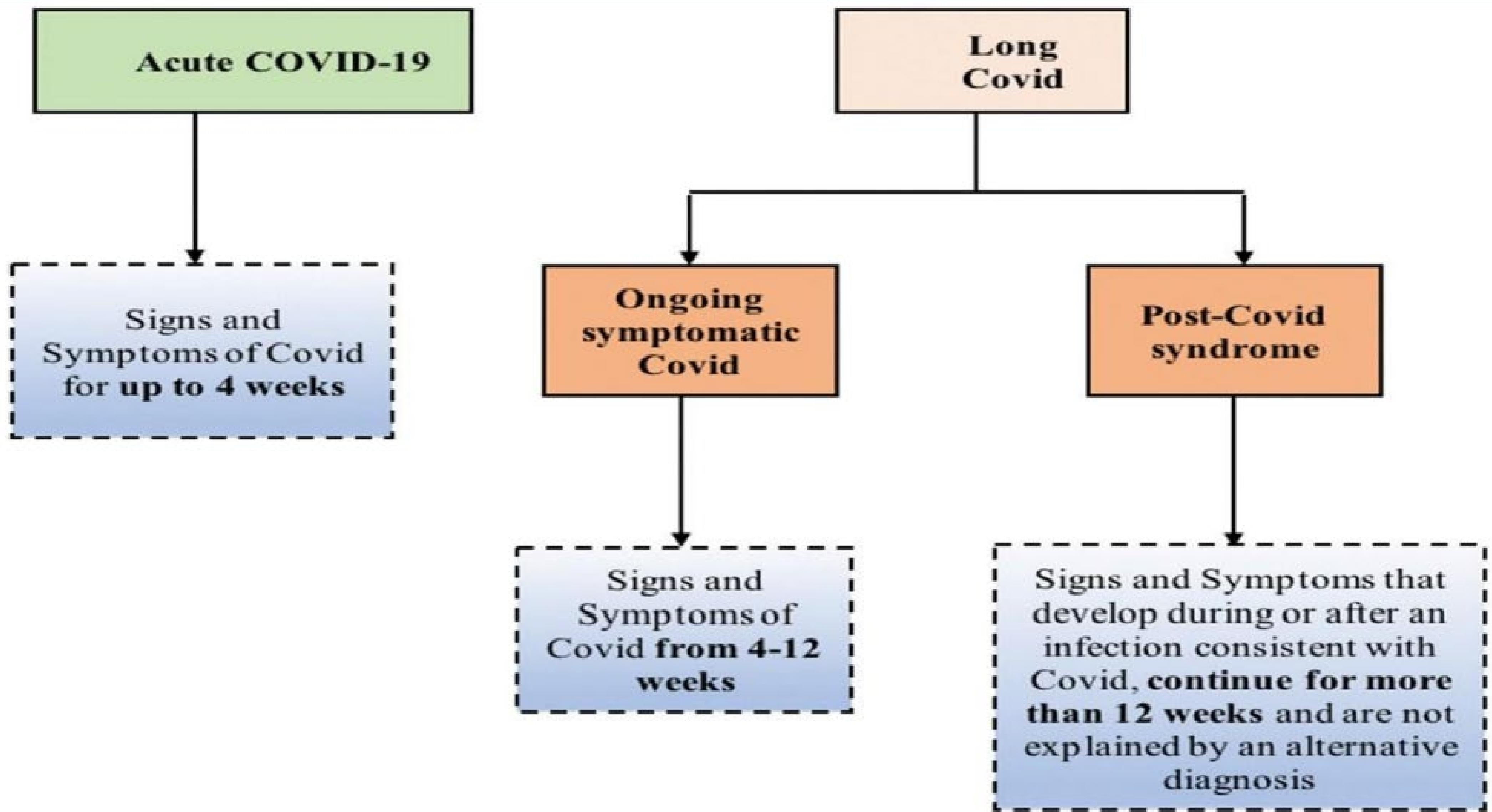


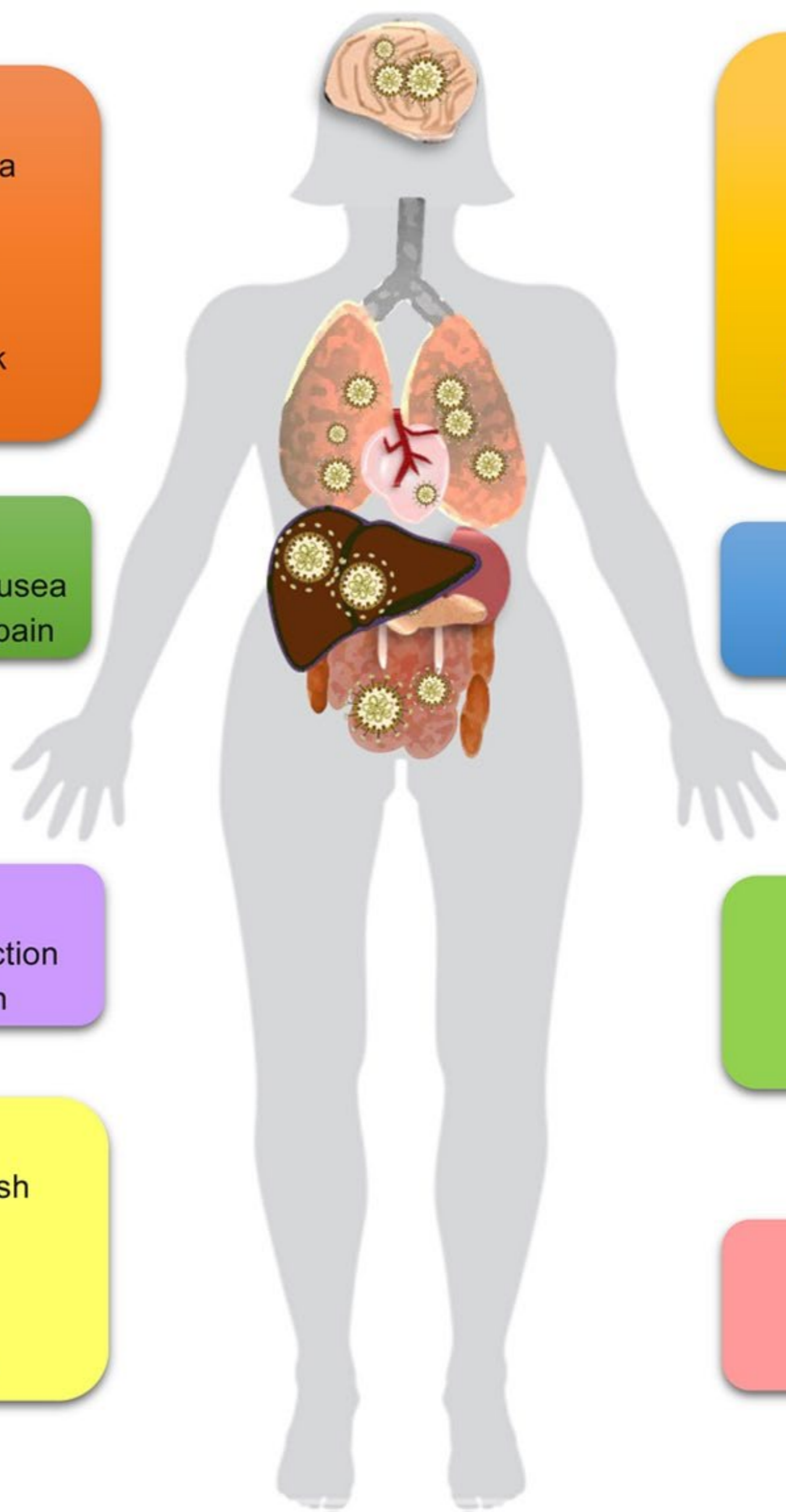
Figure 1: Terminology and Definition of Long Covid

**Heart**  
Myocardial ischemia  
Myocarditis  
Myocardial injury  
Arrhythmias  
Cardiogenic shock  
Cor pulmonale

**Gastrointestinal**  
Anorexia Diarrhea Nausea  
Vomiting Abdominal pain

**Liver**  
Impaired hepatic function  
Increased bilirubin

**Skin**  
Erythematous rash  
Urticaria  
Vesicles  
Petechiae  
Livedo reticularis



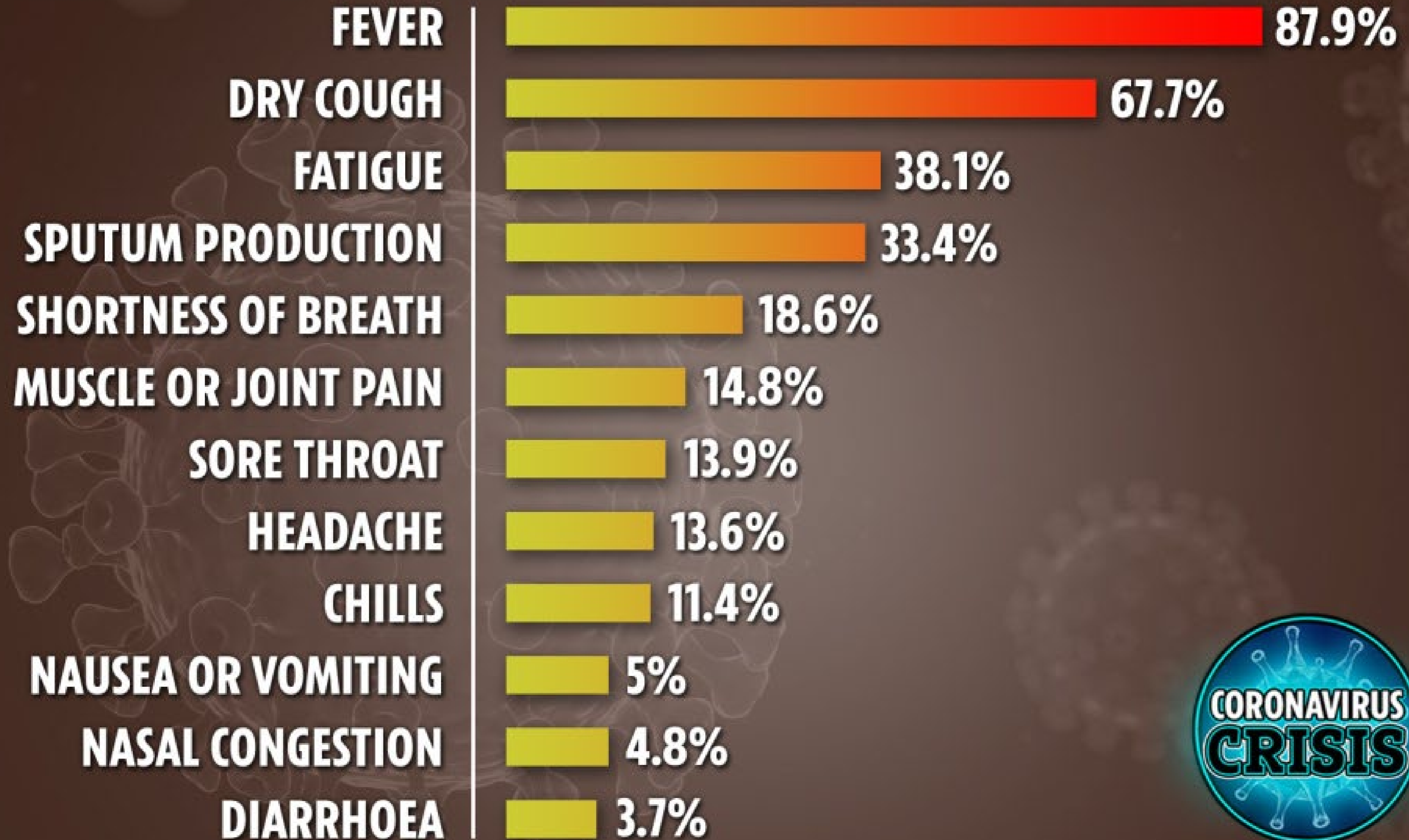
**Neurologic**  
Dizziness  
Headache  
Ageusia/Anosmia  
Encephalopathy  
Myalgia  
Guillain-Barré syndrome  
Stroke

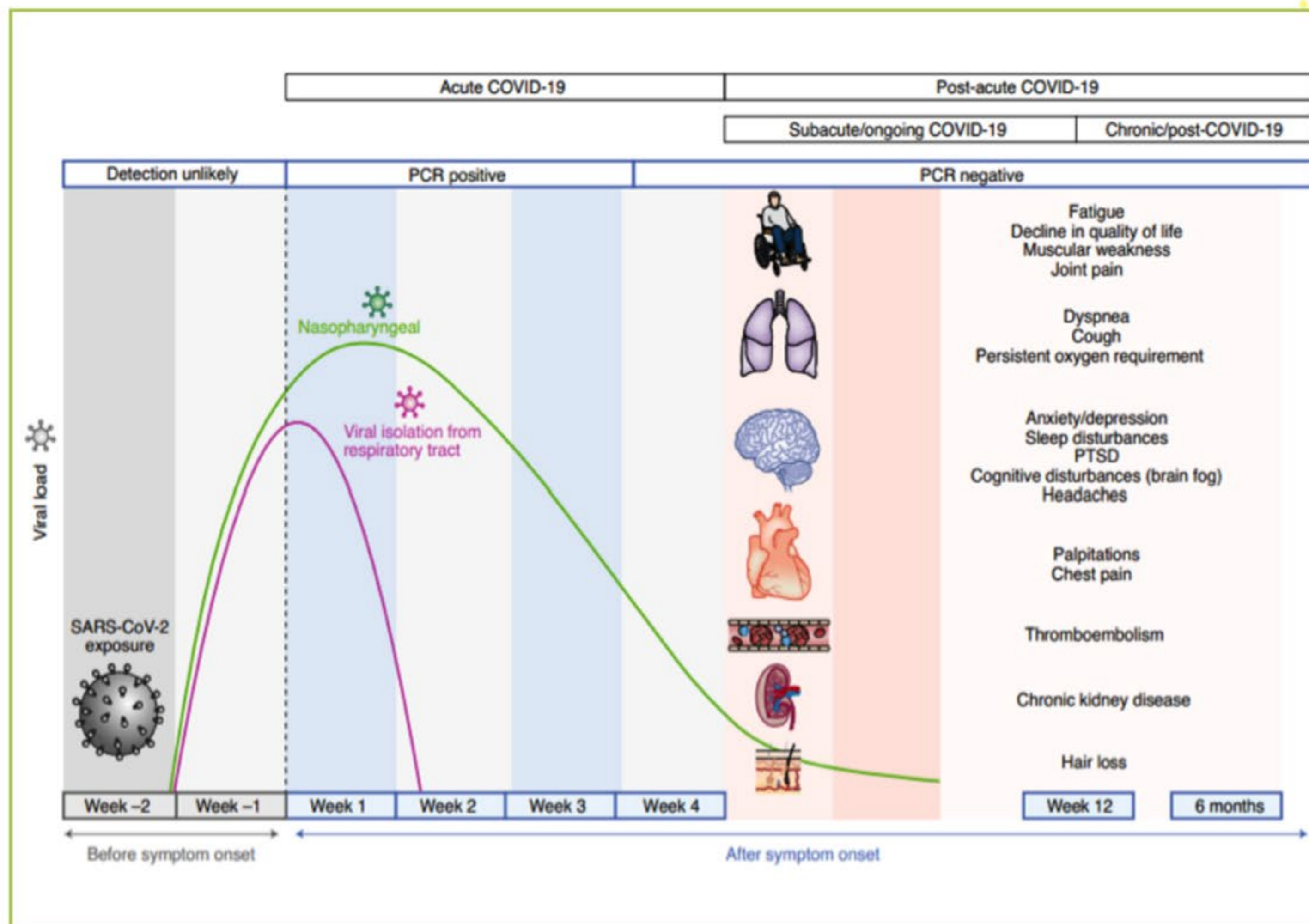
**Thromboembolism**  
Pulmonary embolism  
Deep vein thrombosis

**Kidney**  
Hematuria  
Proteinuria  
Acute renal injury

**Endocrine**  
Hyperglycemia  
Diabetic ketoacidosis

# CORONAVIRUS SYMPTOMS





**Figure 1.2:**  
Timeline of  
Post-Acute  
COVID-19<sup>4</sup>.

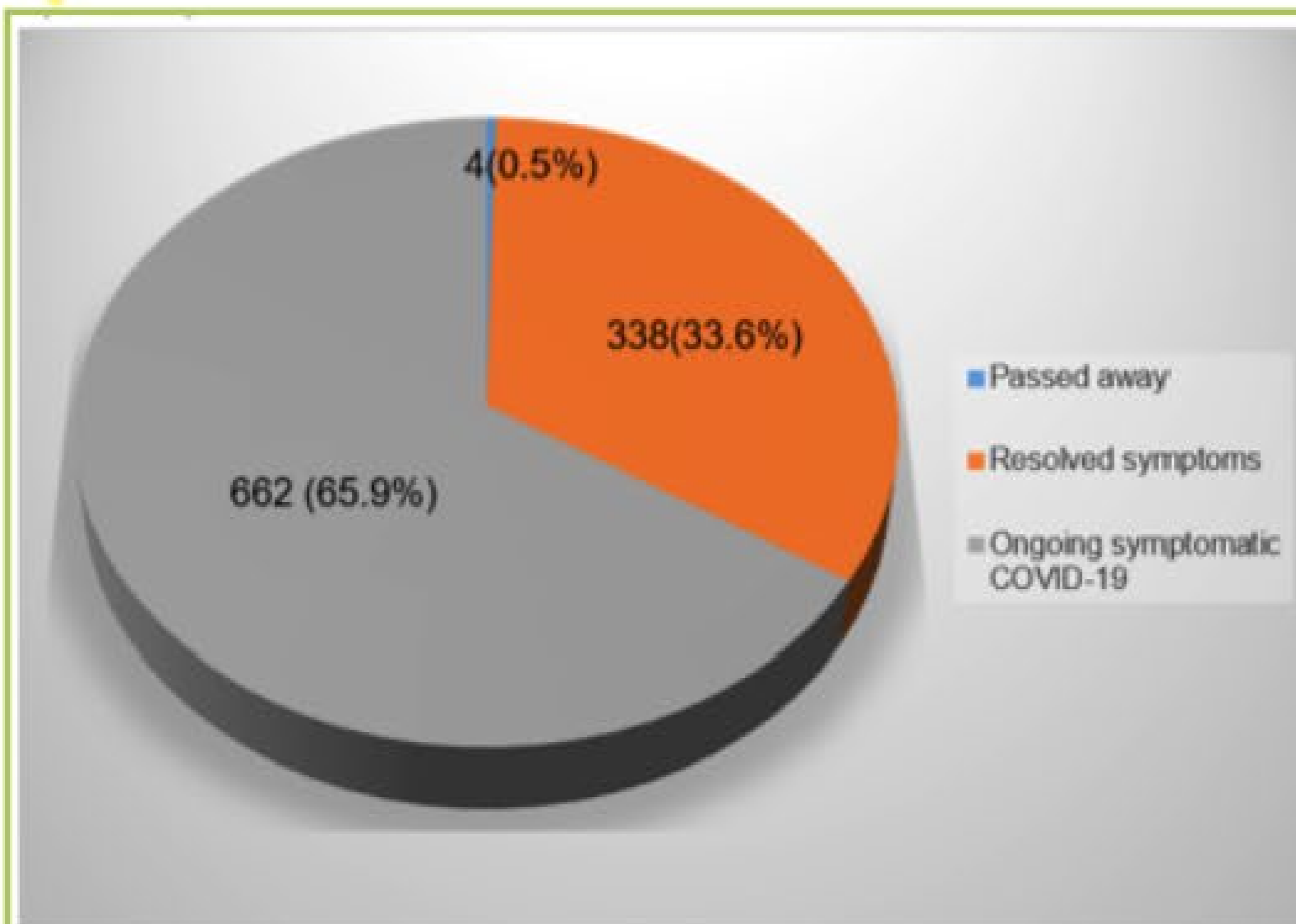
Acute COVID-19 usually last until 4 weeks from the onset of symptoms, beyond which replication-competent SARS-CoV-2 has not been isolated. Post-acute COVID-19 is defined as persistent symptoms and/or delayed or long-term complications beyond 4 weeks from the onset of symptoms. The common symptoms observed in post-acute COVID-19 are summarized

CLINICAL STAGE	
1	Asymptomatic
2	Symptomatic, no pneumonia
3	Symptomatic, pneumonia
4	Symptomatic, pneumonia, requiring supplemental oxygen
5	Critically ill with multiorgan involvement
<b>MILD</b>	
<b>SEVERE</b>	

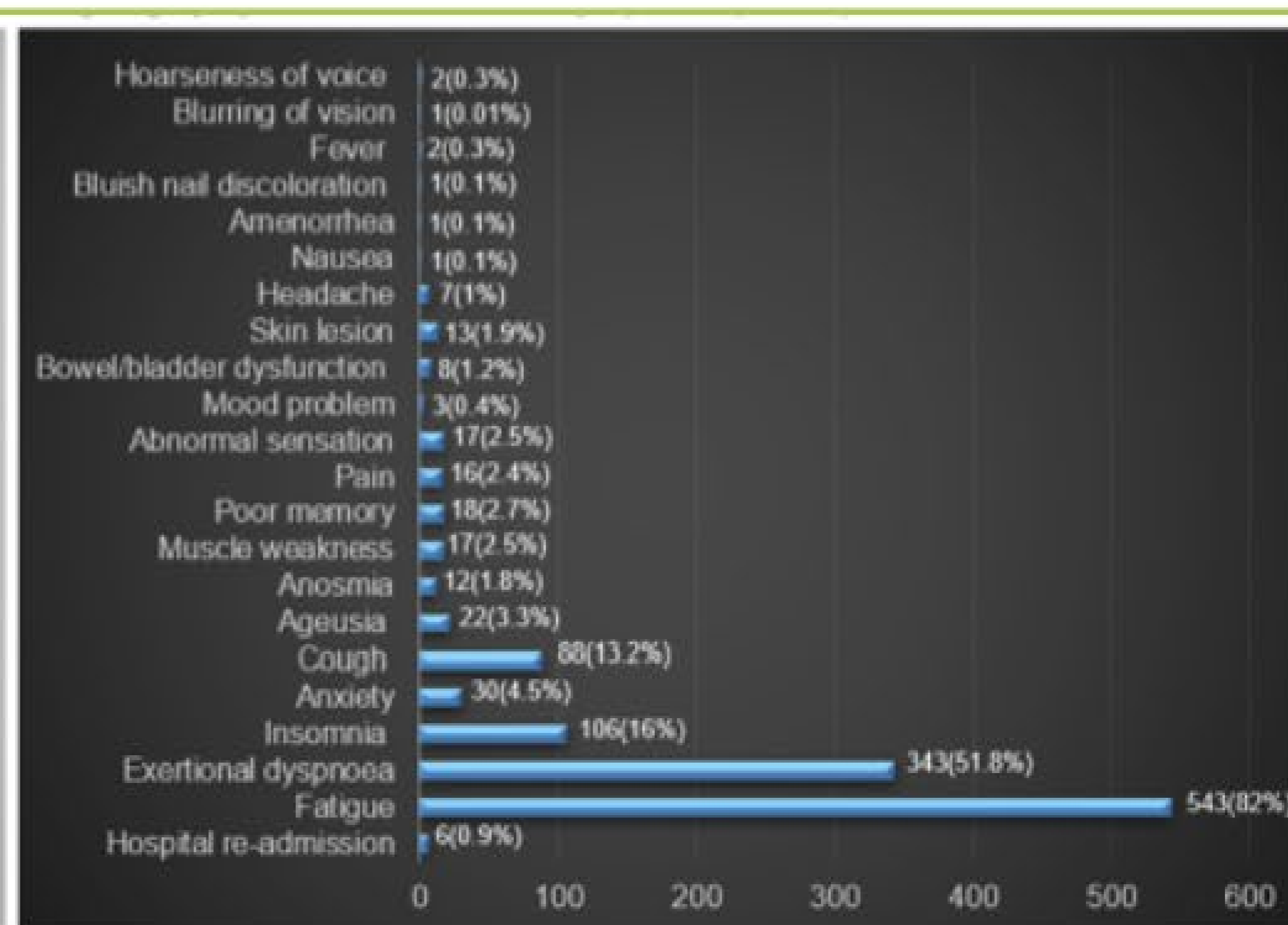
**Table 1.1:**  
COVID-19  
infection further  
classified into  
clinical  
categories<sup>1</sup>:

## 2.0 Justification

**Figure 1.3:**  
Outcome after 4 weeks of initial onset of acute COVID-19 symptoms (N=1,004)



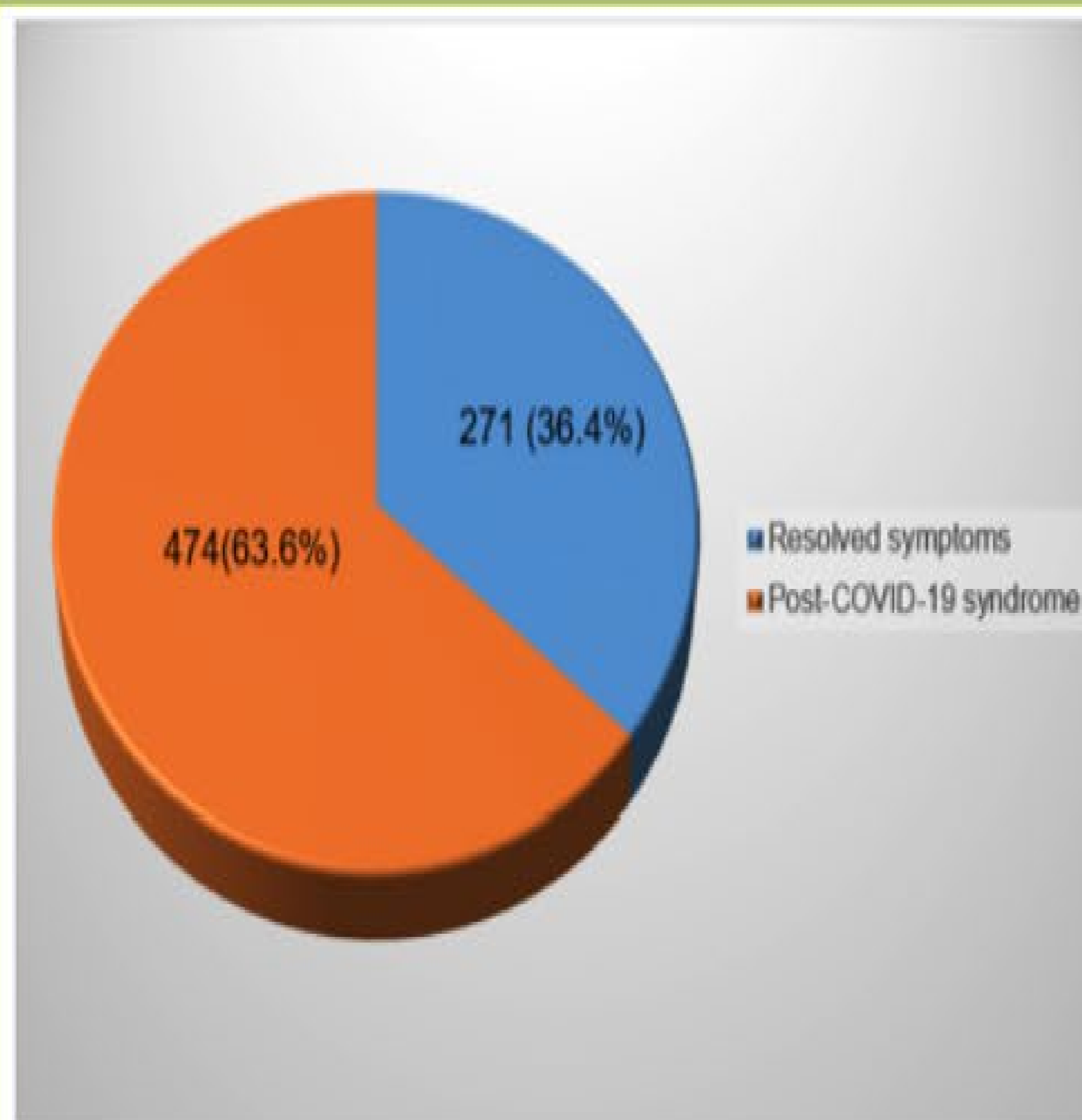
**Figure 1.4:**  
Types and frequency of symptoms experienced by survivors with ongoing symptomatic COVID-19. (N=662)



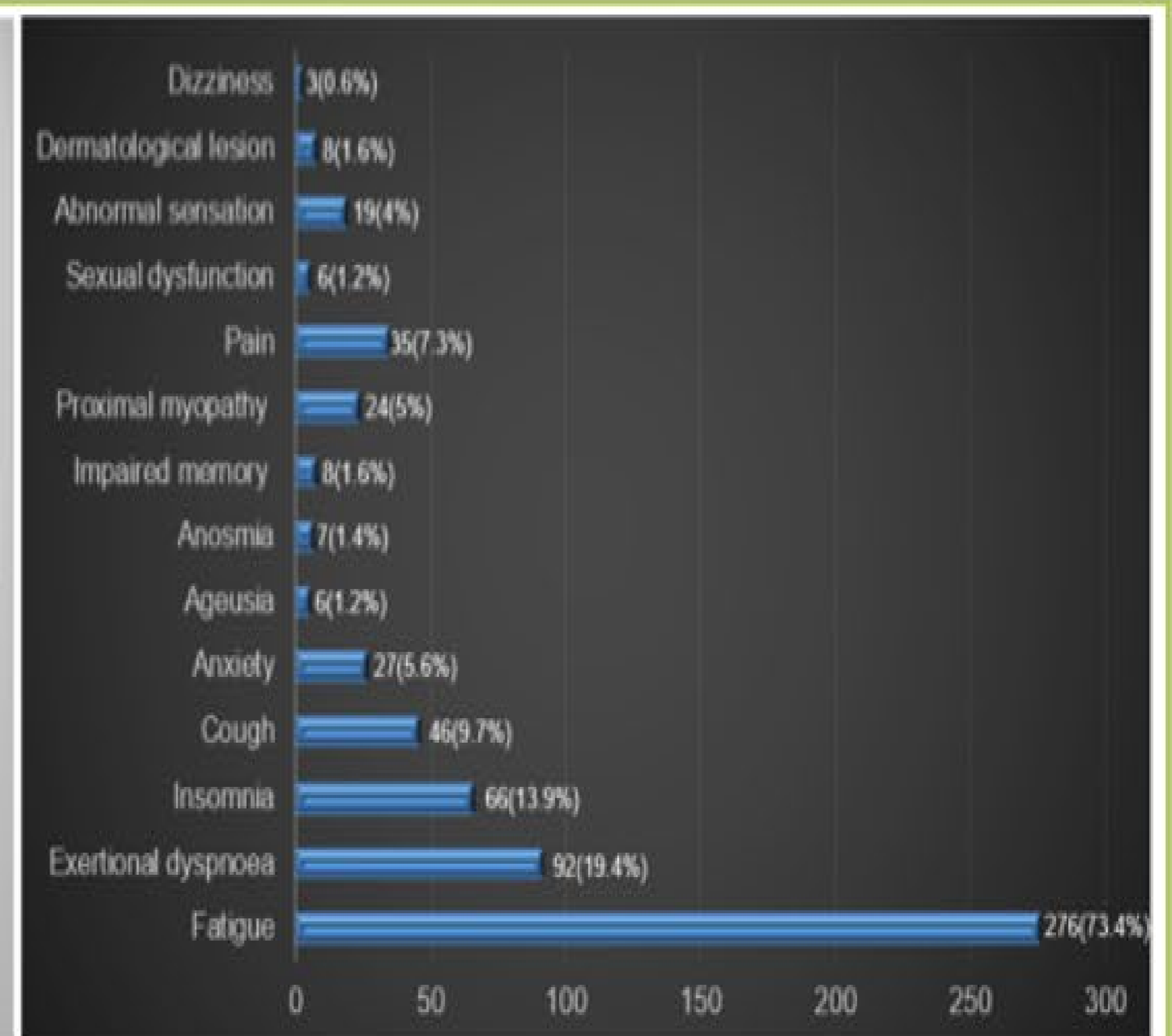
- **Ongoing symptomatic COVID-19:** Signs and symptoms of COVID-19 between 4 to 12 weeks from the initial onset of acute symptoms.
- Most patients reported cluster of symptoms\*



**Figure 1.5:**  
Outcome after 12 weeks of initial onset of acute COVID-19 symptoms (N=745)



**Figure 1.6:**  
Types and frequency of symptoms experienced by survivors with Post COVID-19 syndrome. (N=474)



- **Post-COVID-19 syndrome:** Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis.
- Most patients reported cluster of symptoms.\*

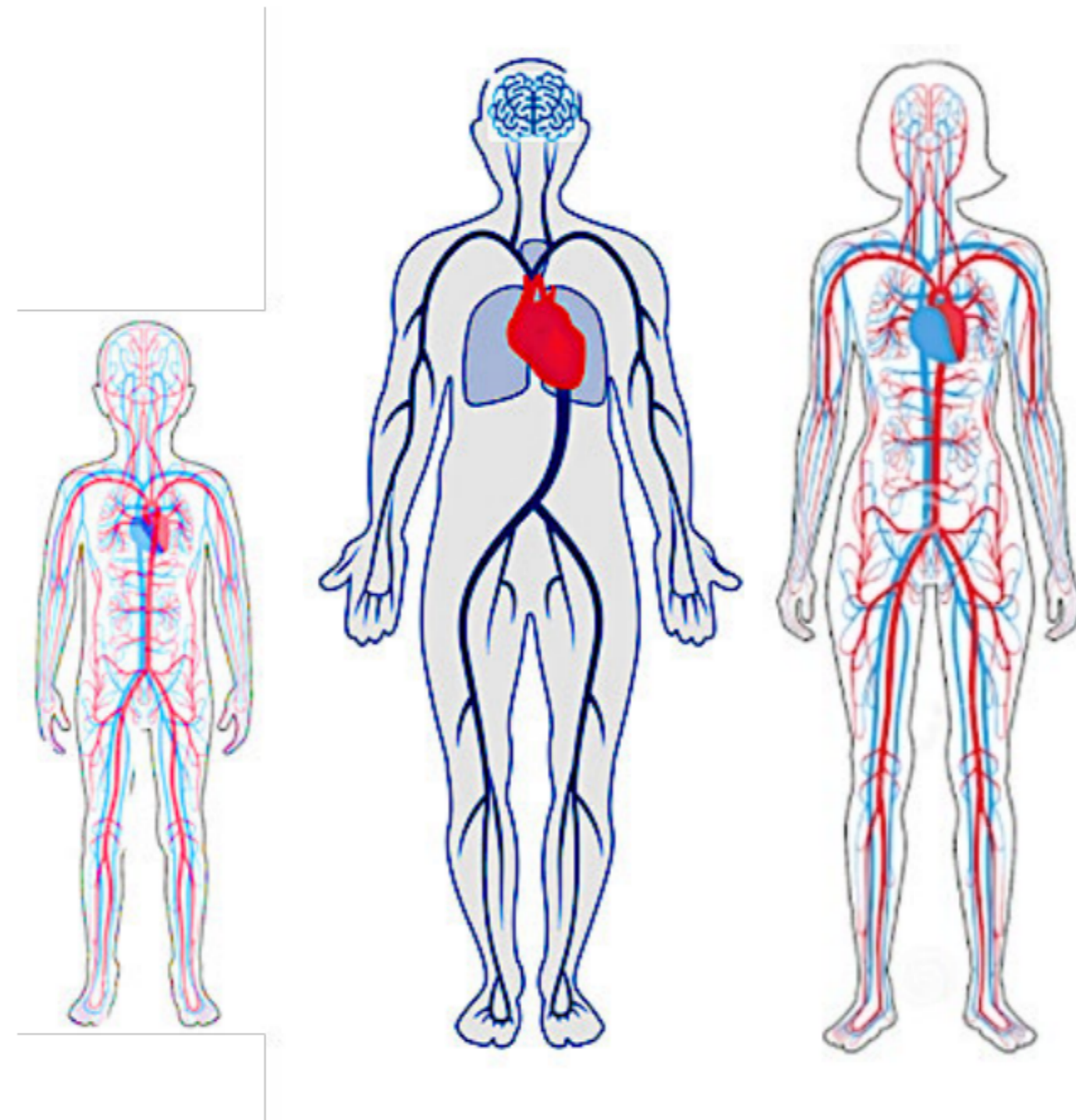
# COVID-19: Persistent Symptoms in Hospitalized Patients

## *A Multi-Organ, Multi-System Clinical Presentation*

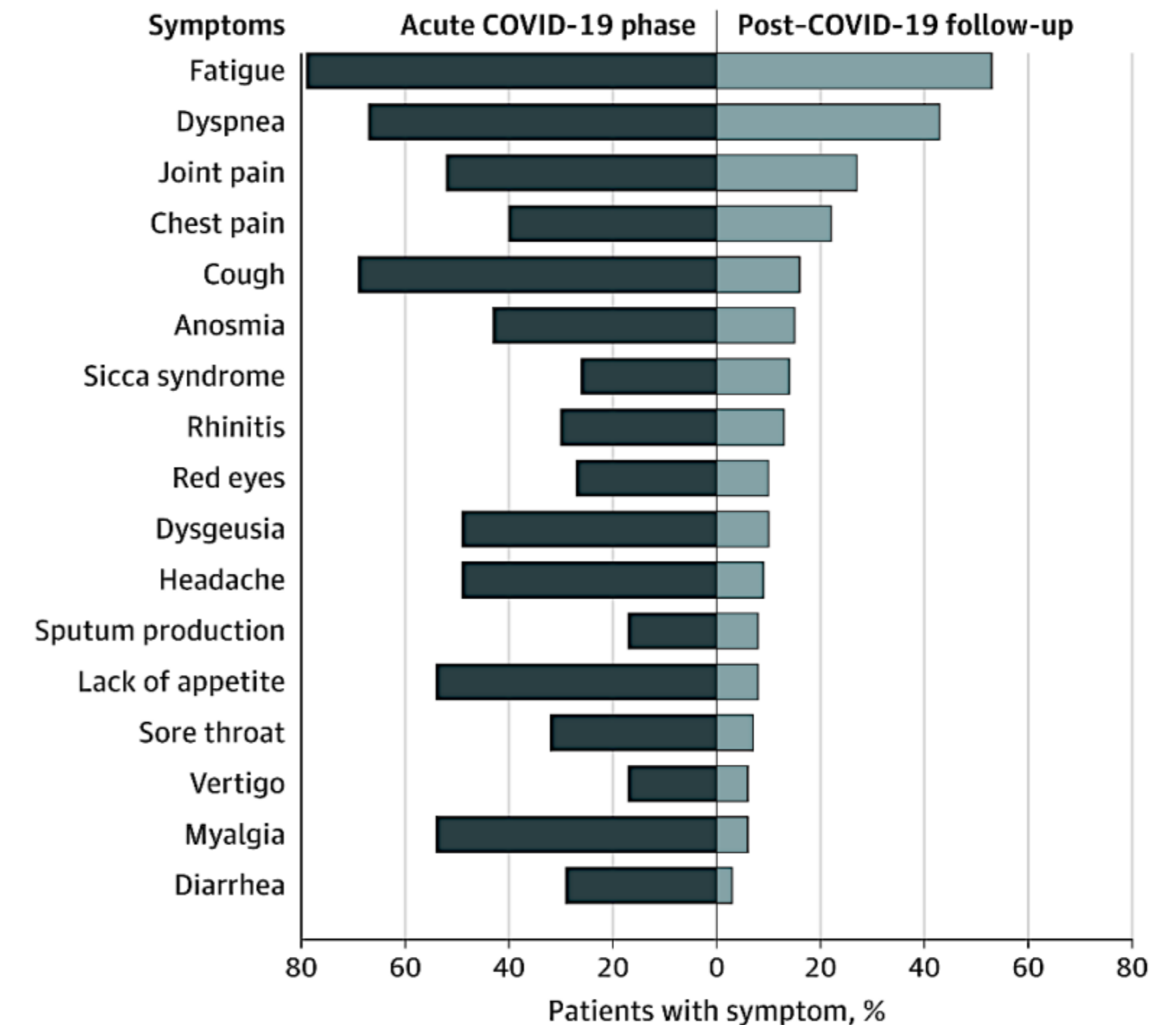
120 patients (mean = 111 days post admission)

### Persistent symptoms

- Fatigue 55%
- Difficulty breathing 42%
- Memory loss 34%
- Sleep disorder 32%
- Attention disorder 27%
- Significant hair loss 20%
- Cough 17%
- Loss of smell 13%
- Chest pain 11%
- Loss of taste 11%



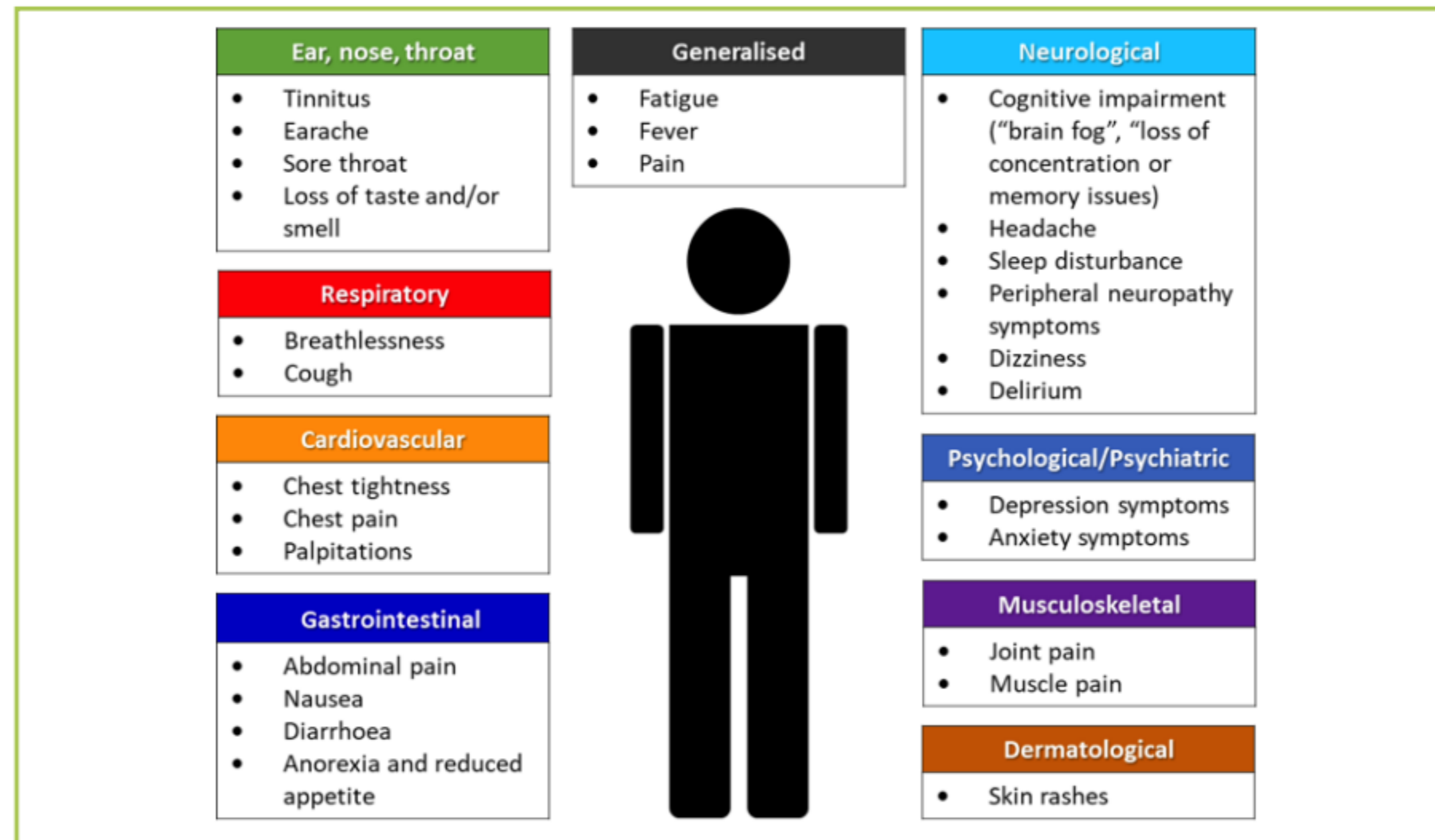
143 patients (mean 60 days post onset)


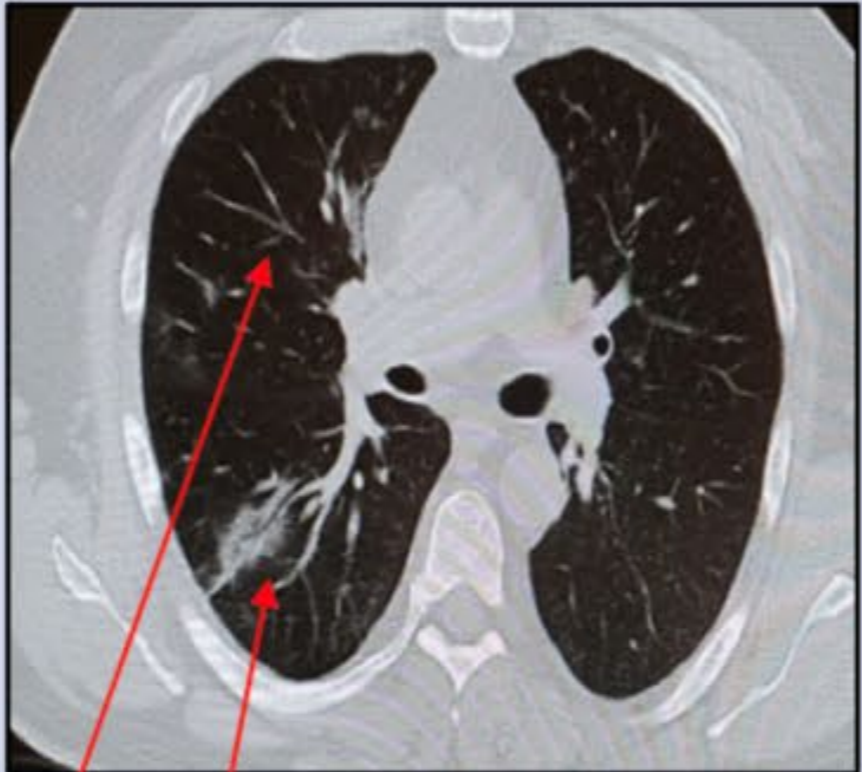





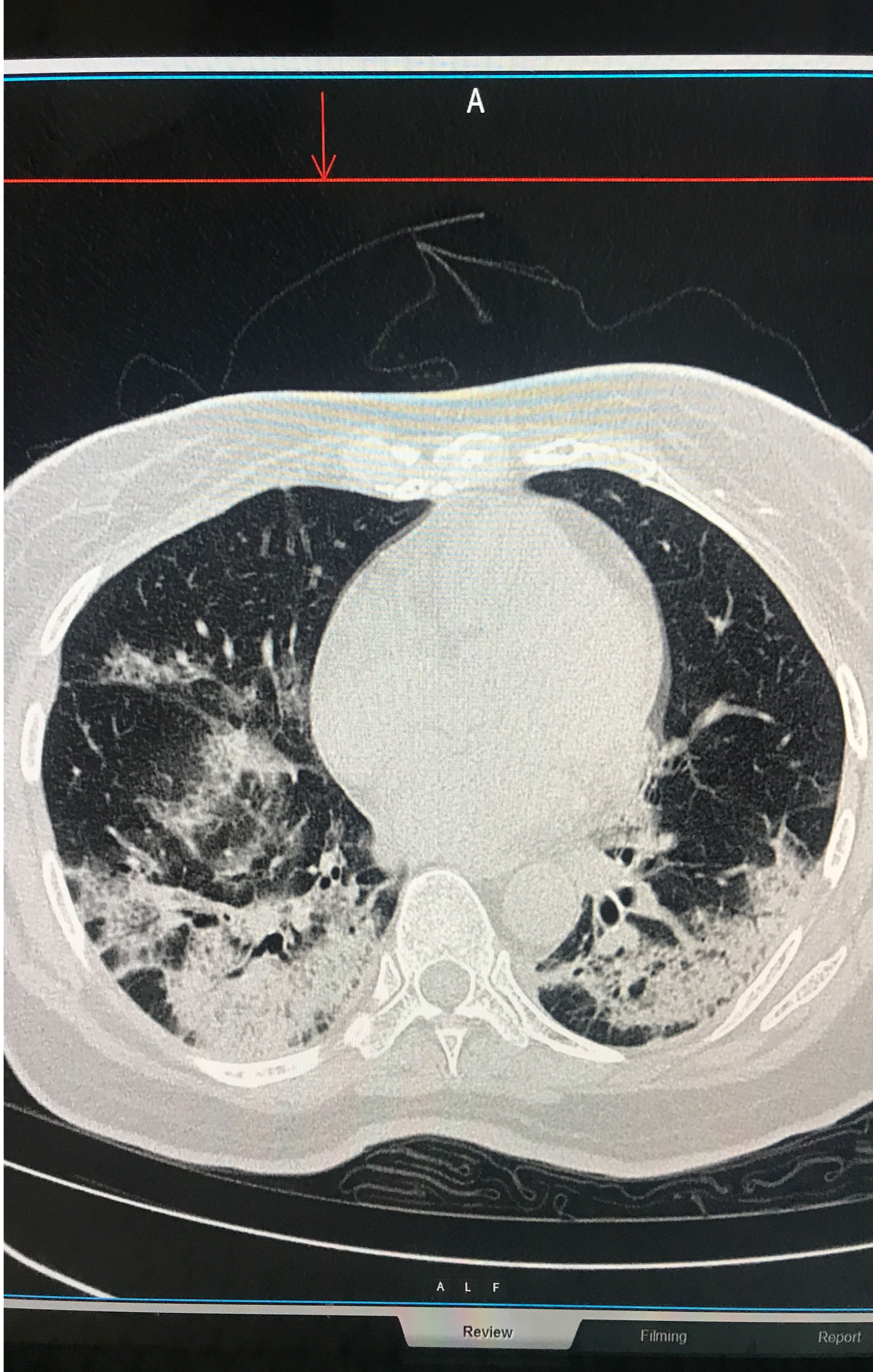
## 6.0 Symptoms of Post COVID-19 patients

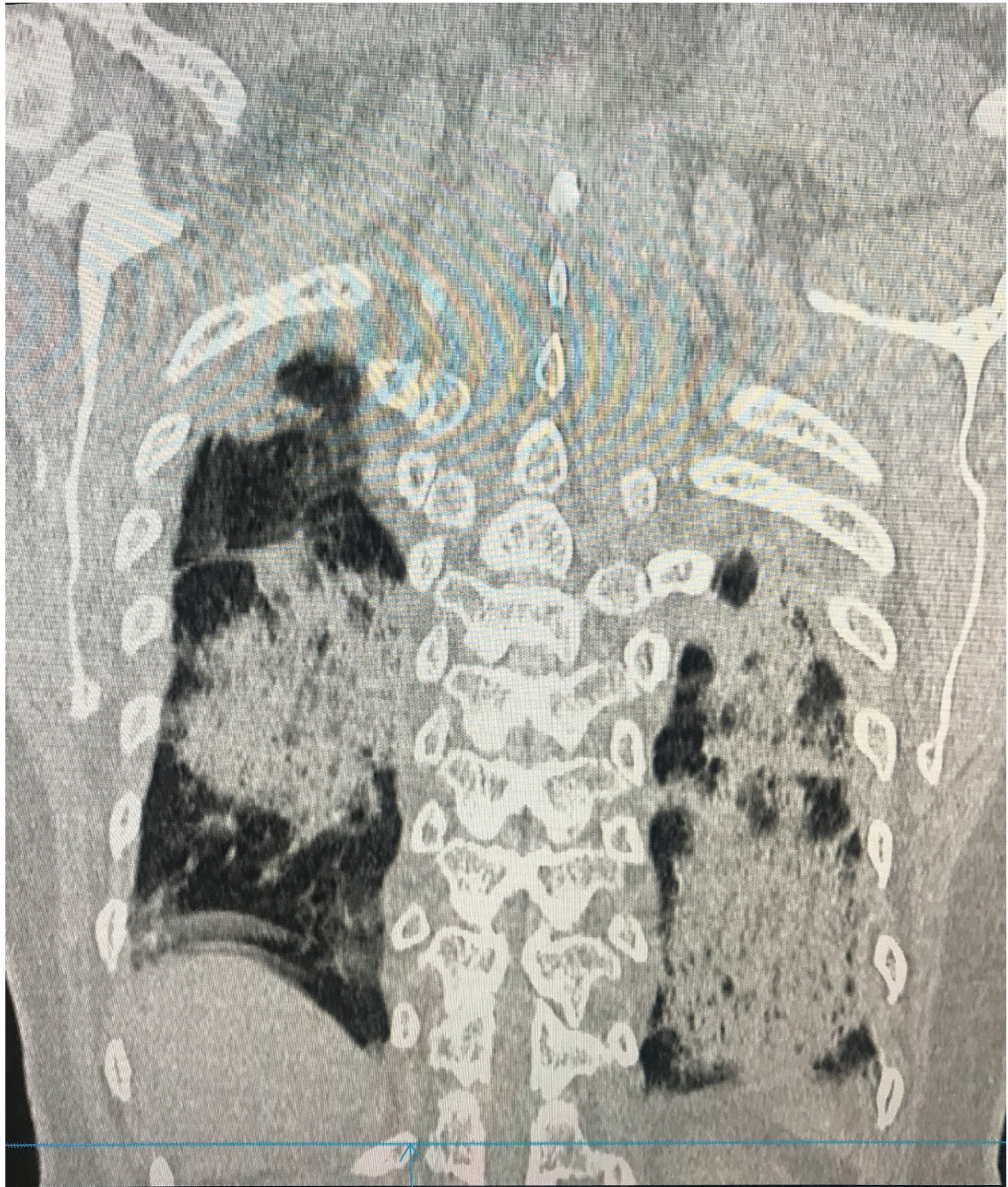
6.1 Majority of patients seen with Post COVID-19 syndrome will have mild or asymptomatic COVID-19 infections (refer **Figure 1.13**). Post-acute COVID-19 syndrome may still occur after mild infection. Symptomatic Post COVID-19 cases are usually present with clusters of symptoms, often overlapping, which may change over time and can affect any system within the body<sup>1</sup>. Symptoms and the timeline of its occurrence are as illustrated in **Figure 1.13** and **1.24**. This list of symptoms, signs and the timeline will be updated as new evidence emerges.

**Figure 1.1:**  
Possible common  
symptoms after  
acute COVID-19  
(but are not  
limited to)<sup>3</sup>



	Ultra-Early Stage	Early Stage	Rapid progression Stage	Consolidation Stage	Dissipation Stage
<b>Findings</b>	<ul style="list-style-type: none"> <li>• Prior to symptom onset.</li> <li>• Throat swab positive, laboratory negative</li> <li>• Usually within 1-2 weeks of exposure.</li> </ul>	<ul style="list-style-type: none"> <li>• Patients present with symptoms (within 1-3 days of symptoms like fever, dry cough).</li> <li>• On histopathology - There is congestion of alveolar capillaries resulting in alveolar and interlobular interstitial edema.</li> </ul>	<ul style="list-style-type: none"> <li>• This stage follows within 3-7 days of symptomatic presentation.</li> <li>• There is an escalation in the hyperinflammatory response. Fibrous extensions that connect the alveoli begin to develop.</li> </ul>	<ul style="list-style-type: none"> <li>• This phase coincides with 2<sup>nd</sup> week of clinical symptoms.</li> <li>• The vascular congestion diminishes and fibrosis predominates.</li> </ul>	<ul style="list-style-type: none"> <li>• It occurs about 2-3 weeks after initial symptomatic presentation.</li> <li>• There is more of a healing and repair response within the lungs .</li> </ul>
<b>Images</b>	 <p>CT scan demonstrates Bilateral, subpleural, multiple scattered ground glass opacities.</p>	 <p>CT scan shows multiple, bilateral ground glass opacities. Irregular, interlobular septa begin to develop.</p>	 <p>CT findings include subpleural, posterior consolidations, dispersed air bronchograms along with superimposed irregular septa.</p>	 <p>There is a decrease in size and density of consolidations.</p>	 <p>CT scan shows patchy consolidation, reticular opacities (strip-like opacities), bronchial and interlobular septal thickening.</p>





A L F

Review

Filming

Rep

## 5.7 Long term oxygen therapy (LTOT)

LTOT may improve outcome measures other than mortality, including quality of life, cardiovascular morbidity, depression, cognitive function, exercise capacity, and frequency of hospitalization<sup>8-12</sup> The LTOT should be prescribed only when there is evidence of persistent hypoxemia in a clinically stable patient who is receiving otherwise optimal medical management (**Table 3.5**)



<b>General Indication</b>
PaO <sub>2</sub> ≤55 mmHg (7.32 kPa) or SaO <sub>2</sub> ≤88 percent
<b>In the presence of cor-pulmonale</b>
PaO <sub>2</sub> ≤59 mmHg (7.85 kPa) or SaO <sub>2</sub> ≤89 percent ECG evidence of P pulmonale Haematocrit >55 percent Clinical evidence of right heart failure
<b>Specific situation</b>
PaO <sub>2</sub> ≥60 mmHg (7.98 kPa) or SaO <sub>2</sub> ≥90 percent with lung disease and other clinical needs such as sleep apnoea with nocturnal desaturation not corrected by CPAP.  If the patient meets criteria at rest, O <sub>2</sub> should also be prescribed during sleep and exercise, and appropriately titrated.  If the patient is normoxemic at rest but desaturates during exercise (PaO <sub>2</sub> ≤55 mmHg [7.32 kPa]), O <sub>2</sub> is generally prescribed for use during exercise.  For patients who desaturate (PaO <sub>2</sub> ≤55 mmHg [7.32 kPa]) during sleep, further evaluation with polysomnography may be indicated to assess for sleep-disordered breathing.

**Table 3.5:**  
Indication to  
continue or to  
initiate LTOT

# ORGANIZING PNEUMONIA IN COVID-19

## 1.0 Introduction

- 1.1 Organizing Pneumonia (OP) is increasingly described as a potential consequence or evolution of COVID-19 pneumonia in moderate to severe COVID-19 patients. Organizing pneumonia is a corticosteroid-responsive inflammatory lung disease<sup>1</sup> and has been reported to appear as the viral load of Coronavirus-19 decreases.<sup>2</sup>
- 1.2 Organizing pneumonia in COVID-19 is regarded as secondary OP which may occur from direct lung injury from the COVID-19 virus itself or due to the hyperinflammatory state as postulated by the cytokine release syndrome (CRS) hypothesis. The figure below shows the evolution of COVID-19 pneumonia with OP as a potential sequelae.<sup>3</sup> (See **Figure 4.1**)
- 1.3 Organizing pneumonia histological findings such as intraluminal loose connective tissue within the alveolar ducts and bronchioles associated with the fibrinous acute injury have also been reported in post-mortem biopsy of late COVID-19 death (around 20 days after symptoms).<sup>4</sup>
- 1.4 Although the gold standard in OP diagnosis requires histological confirmation, typical radiological findings is sufficient to make a confident diagnosis of OP in COVID-19 as lung biopsy is invasive and should be avoided.<sup>5</sup> A good inter-observer concordance has also been described between imaging and histopathological findings for OP in COVID-19 patients.<sup>6</sup>



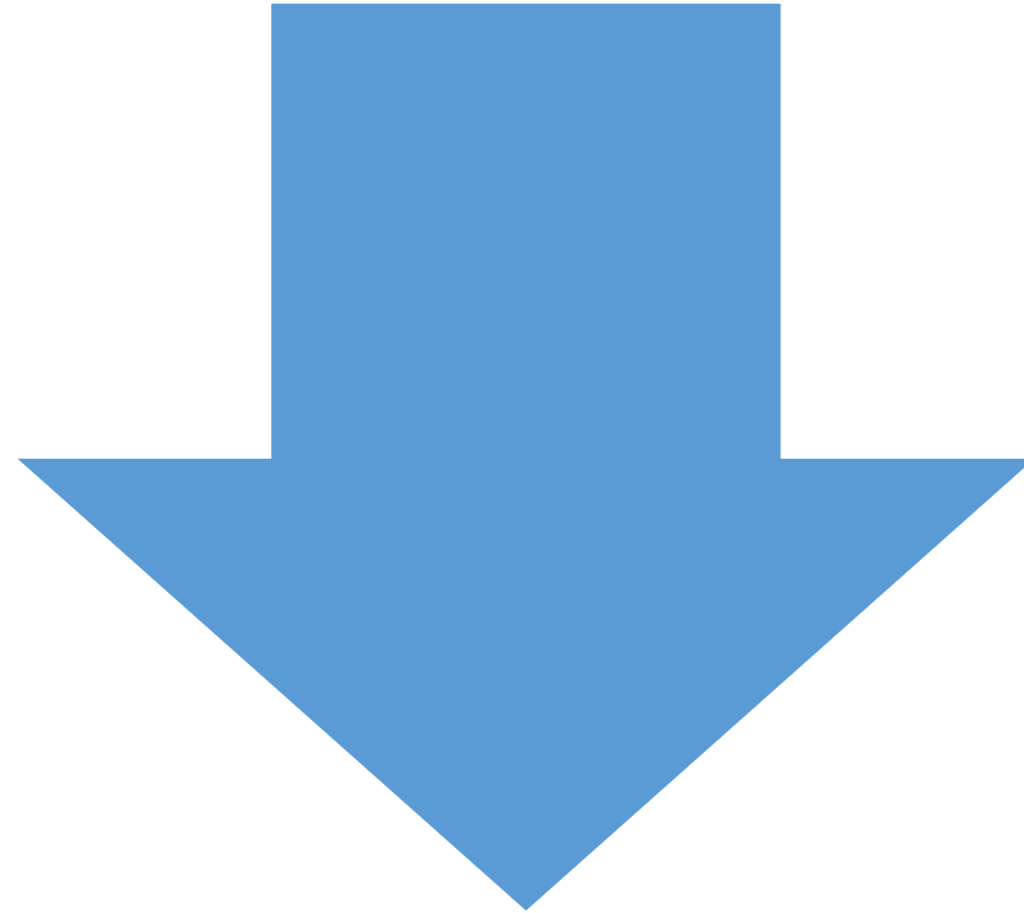
# BOLEH BERPUASA BAGI PESAKIT COVID?



TIDAK BOLEH



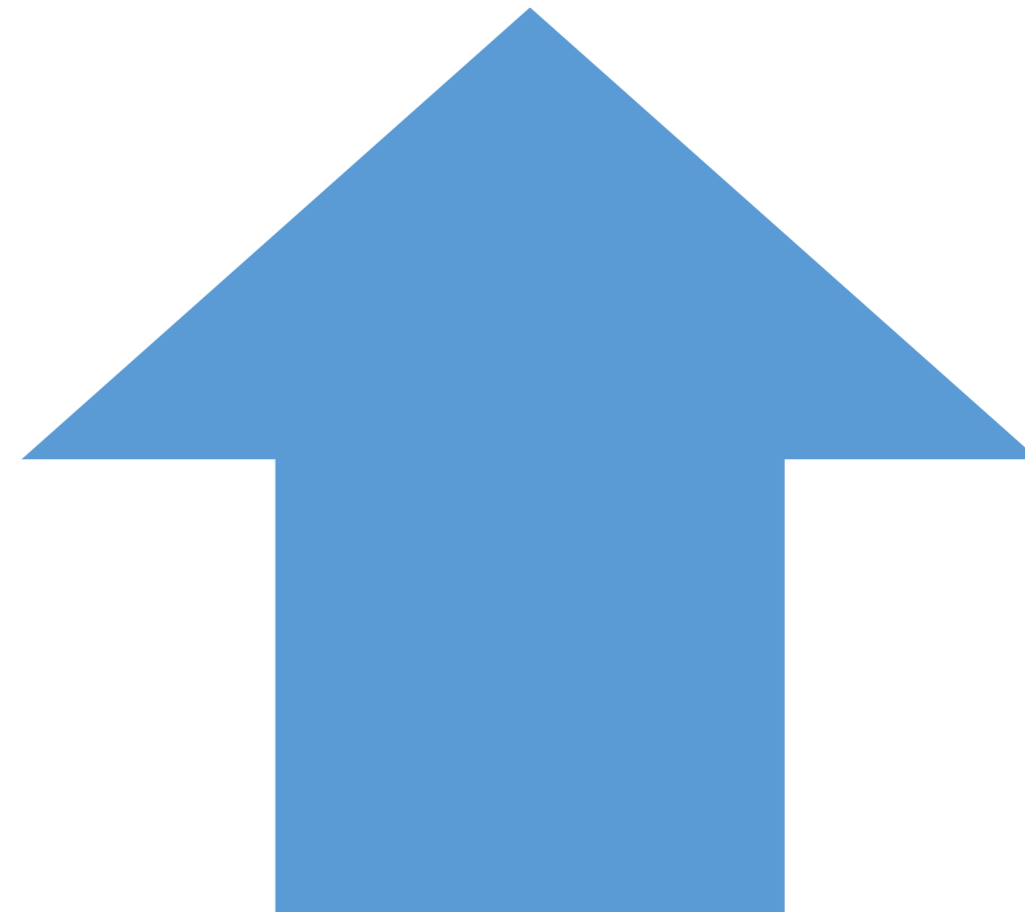
**BOLEH**



keburukan



manafaat



**COVID 19  
INGIN BERPUASA**

UMUR/KEADAAN PESAKIT/BERPUASA TAHUN  
SEBELUM/KOMORBID

**RISIKO TERLALU  
TINGGI**

DINASIHATKAN TIDAK  
BOLEH BERPUASA

DEMAM/CIRIT/SAKIT KEPALA/KURANG SELERA  
MAKAN/MYALGIA/SAKITSENDI

CAT4-5/

CAT 3 –DEMAM/MENGGIGIL/KURANG SELERA MAKAN

CAT 2-KOMORBID

**RISIKO TINGGI**

DINASIHATKAN TIDAK  
BERPUASA

CAT 2-3 MEMERLUKAN  
UBAT/KOMORBID/BERGEJALA

**RISIKO  
RENDAH/SEDERHANA**

BOLEH DENGAN  
SYARAT MENGIKUT  
ARAHAN

**CAT1/CAT 2 GEJALA  
MINIMA**

**MEMERLUKAN PERBINCANGAN DENGAN DOKTOR**

# POST COVID 19: GEJALA TERUK

- SAKITKEPALA
- FATIGUE
- SAKIT BADAN
- SUSAH NAFAS
- KURANG SELERA
- BERDEBAR
- TAK DIGALAKKAN BERPUASA>KEPERLUAN AMBIL UBAT

# POST COVID 19: TERUK & SEDERHANA

- PERLU UBAT YANG REGULAR /SOKONGAN
- RISIKO TINGGI
- TAK DIGALAKKAN BERPUASA

# POST COVID 19: MINIMAL GEJALA

- TIDAK ADA GEJALA/MINIMAL
- BOLEH BERPUASA

# UNTUK PERINGATAN :

- **WHO INTERIM GUIDANCE ON RAMADHAN-BERPUASA TIDAK TINGGIKAN RISIKO KALAU BERPUASA SEKIRANYA SEBELUM INI TIDAK ADA MASAALAH**
- **BINCANG DENGAN DR BERKAITAN MASAALAH DANCEPAT DAPAT NASIHAT SEKIRANYA ADA MASAALAH**
- **PASTIKAN MINUM/MAKAN YANG MENCUKUPI**
- **PETUGAS PERUBATAN YANG PAKAI PPE—FIKIRKAN GILIRAN/MASA YANG SENGKAT/KALAU BAHAYA TIDAK BOLEH BERPUASA**

- JUTAAN SAUDARA KITA AKAN MENJALANI PUASA SEDANG DIJANGKITI COVID DAN JUGA MENGALAMI POST COVID SYNDROME
- RAMAI YANG ADA MASAAALAH KRONIK TETAPI TIDAK ADA PELUANG UNTUK MENDAPAT NASIHAT UNTUK MELAKUKAN IBADAH PUASA DENGAN TERBAIK
- SEMOGA KITA DAPAT BERKONGSI ILMU UNTUK MENDAPAT REDHO ILAHI DALAM MENYEMPURNAKAN IBADAH RAMADAN



يَتَأْتِيهَا الَّذِينَ ءَامَنُوا كُتِبَ عَلَيْكُمُ الصِّيَامُ كَمَا كُتِبَ عَلَى الَّذِينَ مِن

قَبْلِكُمْ لَعَلَّكُمْ تَتَّقُونَ ﴿١٨٣﴾

Wahai orang-orang yang beriman! Kamu diwajibkan berpuasa sebagaimana diwajibkan atas orang-orang yang dahulu daripada kamu, supaya kamu bertaqwa.

(Al-Baqarah 2:183) | [<Embed>](#) | [English Translation](#) | [Tambah Nota](#) | [Bookmark](#)

أَيَّامَ مَعْدُودَاتٍ فَمَن كَانَ مِنكُم مَّرِيضًا أَوْ عَلَىٰ

سَفَرٍ فَعِدَّةٌ مِّنْ أَيَّامٍ أُخَرَ وَعَلَى الَّذِينَ يُطِيقُونَهُ

فِدْيَةٌ طَعَامُ مِسْكِينٍ فَمَن تَطَوَّعَ خَيْرًا فَهُوَ خَيْرٌ لَهُٗ وَأَن تَصُومُوا

خَيْرٌ لَّكُمْ إِن كُنتُمْ تَعْلَمُونَ ﴿١٨٤﴾

(Puasa yang diwajibkan itu ialah beberapa hari yang tertentu; maka sesiapa di antara kamu yang sakit, atau dalam musafir, (bolehlah ia berbuka), kemudian wajiblah ia berpuasa sebanyak (hari yang dibuka) itu pada hari-hari yang lain; dan wajib atas orang-orang yang tidak terdaya berpuasa (kerana tua dan sebagainya) membayar fidyah iaitu memberi makan orang miskin. Maka sesiapa yang dengan sukarela memberikan (bayaran fidyah) lebih dari yang ditentukan itu, maka itu adalah suatu kebaikan baginya; dan (walaupun demikian) berpuasa itu lebih baik bagi kamu daripada memberi fidyah), kalau kamu mengetahui.

ANDAINYA RAMADHAN  
TERAKHIR BAGI KITA.....