

## Mapping of Palliative Care Service Development in MOH Hospitals in Malaysia

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### ABSTRACT

**Introduction:** This national audit involving Ministry of Health (MOH) Hospitals was aimed to map out the levels of development of palliative care services (PCS) in Malaysia in 2018-2020. **Methods:** This was a nationwide cross-sectional audit with data collection between May 2019 and December 2020 where data was analyzed using EXCEL and SPSS for the parameters studied and separately for opioid accessibility. Palliative Care Development Score (PCDS), Essential Medications Accessibility Score (EMAS) and Opioid Accessibility Score (OAS) were then computed on a scale of 1(least developed / accessible) to 4 (most developed / accessible). **Results:** The response rate from the 139 recruited MOH hospitals were 88.6% (124) and 93.5% (130) for the main and opioid accessibility sections respectively. In all 34 hospitals (27.4%) declared PCS availability out of which 8 (23.5%) hospitals had resident palliative physicians (RPP) and 8(23.5%) received visiting palliative physicians (VPP). Of these, 18 (52.9%) hospitals had dedicated palliative care beds. 6 (17.6%) Hospitals with PCS scored level 4, 13(38.2%) level 3, 12 (35.3%) level 2 and 2 (5.9%) level 1 versus 90 (98.9%) level 1 on the PCDS for non-PCS hospitals ( $P < 0.001$ ). Strong opioids were accessible in 34(100%) hospitals with PCS versus 91(95.8%) other hospitals ( $P = 0.569$ ). Analysis revealed that 16 (100%) hospitals with attending RPP or VPP and 30(88.2%) of hospitals with PCS scored level 4 on EMAS compared to 62 (68.9%) of other hospitals. ( $P < 0.001$ ). **Conclusions:** This study demonstrated significant positive correlation between availability of PCS, RPP and VPP with higher PCDS, OAS and EMAS.

## Comparison of Adverse Reactions Following Primary Pfizer-BioNTech Vaccination among Healthcare Workers in Sibü

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### ABSTRACT

**Introduction:** COVID-19 vaccination was introduced in March 2021 to curb the pandemic. We studied the adverse reactions (AR) after Pfizer-BioNTech vaccination among healthcare workers (HCW) in Sibü and determined the association of allergy history and post-vaccination AR. **Methods:** This is a cross-sectional observational study involving HCW given the vaccine in February and March 2021. Post-vaccination AR records were retrieved for all HCW who completed the vaccination. **Results:** There were 2,131 dose 1 and 1,620 dose 2 reports available. Eighteen types of AR were reported, namely pain on injection site, body ache, headache, joint pain, tiredness, sleepiness, chills, dizziness, itchiness, numbness, cough, lymph node swelling, diarrhoea, shortness of breath, palpitation, chest pain, nausea and fever. The common AR (>20%) were pain at the injection site, tiredness, headache, body ache, sleepiness and chills. The AR were all significantly higher for dose 2 ( $p < 0.05$ ). HCW with allergy history were more likely to have mild AR in dose 1 (OR=1.77; 95%CI: 1.30, 2.40,  $p < 0.001$ ) and dose 2 (OR=1.98; 95%CI: 1.35, 2.91,  $p < 0.001$ ); and severe AR in dose 1 (OR=8.02; 95%CI: 2.06, 31.20,  $p < 0.003$ ) and dose 2 (OR=21.35; 95%CI: 2.56, 177.80,  $p = 0.005$ ). Three HCW were admitted due to severe body rashes and shortness of breath. No death was reported. **Conclusion:** Although Pfizer-BioNTech vaccination causes local and systemic AR, the vaccine was generally well tolerated. Some more-prevalent AR such as headache, sleepiness and tiredness and more severe AR such as dizziness, shortness of breath and chest pain warrant careful monitoring among elderly and more vulnerable groups.