



Health Bulletin 25 May 2021

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[NSW looks to create new medical manufacturing and research industry](#)

NSW Premier Gladys Berejiklian has announced the New South Wales plan to manufacture mRNA vaccines locally.

The Premier, Health Minister Brad Hazzard and NSW Chief Health Officer Dr Kerry Chant have met with a team of experts to consider NSW's ability to manufacture mRNA vaccines including for COVID-19 and other viruses, creating a new vaccine and therapeutics industry within the State.

The Premier noted that project would take between 12 and 24 months to establish and was a plan for the future, rather than being targeted towards the COVID-19 pandemic. It would involve collaboration among "pockets of excellence" in NSW including the pharmaceutical industry, universities and medical institutions, along with government support. NSW already has manufacturing capabilities in the areas of viral vectors, plasmids and short-

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Manufacturing capabilities in the areas of viral vectors, plasmids and short form RNA, which are used in the fields of gene therapy, gene modified cell therapy and RNA therapy.

NSW Chief Scientist & Engineer, Professor Hugh Durrant-Whyte said "NSW has world-leading research expertise in RNA, vaccine development and

genetic therapies. Our objective is to translate this expertise into commercial medical manufacturing outcomes for the benefit of all."

To read the NSW Government's media release on the plan, click [here](#).

[SHPA issues its Standard of practice in intensive care for pharmacy services](#)

The Society of Hospital Pharmacists of Australia (**SHPA**) have revised leading guidelines on the provision of pharmacy services in intensive care defining pharmacist-to-patient ratios and standardising national and state-based classifications.

Allowing for more precise pharmacist-to-patient ratios, SHPA's Standard of practice in intensive care for pharmacy services, which covers adult and paediatric practices, appears in the latest issue of the Journal of Pharmacy Practice and Research (**JPPR**).

SHPA Critical Care Chair Melissa Ankravs said "By aligning the state-based approaches of New South Wales, Queensland, Western Australia and South Australia with the College of Intensive Care Medicine of Australia and New Zealand (CICM) intensive care unit (ICU) service levels used in Victoria, Tasmania, the ACT and Northern Territory, we're able to recommend staffing ratios across the country of 1:10 in larger, level 2/3 (CICM) services and a 1:15 ratio for smaller, level 1 (CICM) services."

Click [here](#) to read the Hospital + Healthcare article about this initiative and click [here](#) for the journal article in JPPR.

[Sleep Health Foundation releases report on adverse sleep health](#)

The Sleep Health Foundation (**Foundation**) has released a comprehensive report on sleep disorders affecting Australians. The Foundation commissioned Deloitte Access Economics to estimate the social and economic impact of sleep disorders, focussing on the 3 most common sleep disorders: obstructive sleep apnoea (**OSA**), insomnia and restless leg syndrome (**RLS**).

Over 1.92 million people over the age of 15 are affected demonstrating that the prevalence of these sleep disorders in the Australian population is significant. The report found that there is evidence of a causal relationship between sleep disorders and other conditions or injuries, including congestive heart failure, stroke, depression, motor vehicle accidents and workplace injuries.

It was estimated that in 2019-20, these sleep conditions cost the health system \$900 million. Other costs include productivity losses and a reduction in the person's wellbeing. The total cost of sleep disorders was estimated to be \$51 billion in Australia in 2019-20 compared to the estimate of \$36.4 billion in 2010.

The report reiterated the key recommendations made in the 2019 Commonwealth Government Inquiry into *Sleep Health Awareness in Australia*:

- sleep health should be a national priority to be recognised alongside fitness and nutrition;
- there should be a review of the Medicare Benefits Schedule as it relates to sleep health services in Australia; and

- there should be an assessment of the current knowledge levels of general practitioners, nurses and psychologists in relation to sleep health and develop effective training mechanisms to further improve their understanding.

To read the report, *Rise and Try to Shine: The social and economic cost of sleep disorders in Australia*, click [here](#)..

Making IVF easier for Victorians

The Victorian Government has recently announced a significant investment in public fertility care services following the landmark *Independent Review of Assisted Reproductive Treatment* by Michael Gorton AM, Principal at Russell Kennedy.

The Government will invest \$70 million to establish public fertility care services. This investment is predicted to assist up to 4,000 Victorians annually, with savings of \$10,000 each on average. This includes funding to improve public hospital facilities, provide free treatment cycles and a range of other services. Victoria's first public sperm and egg bank will also be established, following the recommendation of the Gorton Review.

Minister for Health Martin Foley has said "We're removing the financial barrier faced by too many families and making IVF easier, fairer and more affordable – it will be life changing for thousands of Victorian families every year".

You can read the Government media alert [here](#). For more information about the Gorton Review, click [here](#).

End of life and palliative care: a community perspective

First conducted in 2001, the Victorian Population Health Survey (**Survey**) is an annual source of information on the health and wellbeing of adult Victorians and reports trends over time for health measures.

In 2017, the Palliative Care Policy Unit in the Department of Health and Human Services requested the inclusion of three questions in the Survey on end of life and palliative care. The inclusion of these questions sought to capture data on the uptake of end of life and palliative care plans in the community as well as to measure informal support provided to people living with life limiting illness at home.

The Survey revealed some interesting data in respect of end of life and palliative care. Notably:

- 72.9% of adults had no end of life or palliative care plan;
- Around 8% of adults had a formal written end of life care or palliative care plan;
- Those who provided informal support and comfort to someone who was terminally ill or dying were overwhelmingly family members (78.2%); and
- With an increase in total annual household income came a decrease in the proportion of people who provided support to someone who was living at home and was terminally ill or dying.

The Survey reveals the informal contributions Victorians make to support each other at the end of life. Respondents to the Survey provided a variety of support, including assistance with personal care, helping with household tasks and attending medical appointments. The Survey did not quantify how much support was provided.

Please click [here](#) to access Safer Care Victoria's summary of the Survey.
To access the Survey in full, click [here](#).

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