

Arrival of Covid-19 vaccine cheers Alaska hospital's staff

In a modern-day sequel to the 1925 diphtheria serum run to Nome, AK, Alaska Airlines and UPS stood in for sled dog relays to provide Bartlett Regional Hospital in Juneau its first doses of COVID-19 vaccine.

"We had doses in arms within 2 hours of when it landed in Juneau," said Ursula Iha, director of pharmacy at the 57-bed hospital. Iha said she and all staff members who were onsite December 15 and wanted to be vaccinated received their first dose that day.

In a January 13 update, Iha said the hospital's infection prevention and employee health nurses were still vaccinating staff members daily, and the team was preparing to start vaccinating local residents.

"We are working with our community public health to provide over 1,000 doses to Juneau senior citizens" January 15-17, she said.

The delivery of BNT162b2, an investigational mRNA COVID-19 vaccine from Pfizer Inc and BioNTech SE, is a bright spot in an otherwise brutal time for the pharmacists and other healthcare workers on the pandemic's front lines.

Iha said a group gathered around the infection prevention specialist who was the first staff member to be vaccinated.

"She was crying a little bit. It was so emotional; it was so exciting that hopefully there's a turn in the phase in the pandemic," Iha said.

The hospital was allotted about 500 doses from the 975-dose tray, with the remainder earmarked for local long-term care facilities and first responders, Iha said. She noted that hospital has an ultralow freezer that serves as a vaccine storage "mini-depot" for doses allocated elsewhere.

Iha said news of the vaccine's imminent arrival came from a colleague who was dropping off a family member at the local airport and obtained the flight information for the vaccine shipment. That prompted Iha and 2 colleagues go to the airport so they could watch the airplane land.

"We wanted . . . to see this historic moment," she said.



Bartlett Regional Hospital pharmacy technicians Justin Richardson, Andrea Stats, and Krischelle Batac and pharmacy director Ursula Iha accept the hospital's first delivery COVID-19 vaccine. Image courtesy of Christopher Sperry, clinical coordinator, Bartlett Regional Hospital.

The hospital began planning months ago for the complexities of handling COVID-19 vaccines. Once the emergency use authorization (EUA) for BNT162b2 was finalized, pharmacy technicians documented the procedure for safely storing, preparing, and administering the vaccine as described in the EUA.

Iha said the pharmacy team's biggest challenge was coordinating the timing of vaccine preparation, which is done in the pharmacy cleanroom, and getting those doses to the point of dispensing for immediate administration by nurses.

Through mid-January, 543 hospital employees had received their first dose of the vaccine, and about 460 had been administered the second dose, Iha said.

Other than very mild arm soreness, Iha felt no ill effects after being vaccinated. But she reported that a total of 3 people had an adverse reaction serious enough to require treatment with epinephrine, steroids, and diphenhydramine.

In accordance with recommendations from the Centers for Disease Control and Prevention, none of these three employees were given the second dose, Iha said.

She added that 5 other vaccine recipients had milder reactions requiring extra postvaccination monitoring; all of these staff members subsequently received their second dose of the vaccine.

"I think it is very important that we continue to monitor adverse events, especially during this initial phase," Iha said. She emphasized that no one is being pressured to get vaccinated.

Overall, she said, staff members seem to be relieved that vaccine is available.

"We still are facing a lot of illness and a road to dealing with this pandemic. But I think at least now, there is the vaccine to help protect us frontline workers," she said.

COVID-19 case counts have been on a sharp upward trajectory since fall in Alaska and elsewhere in the country, and experts anticipated even worse days after the new year. Iha said the hospital's infection prevention specialist cautioned her colleagues to continue wearing masks and limiting exposure to the SARS-CoV-2 virus.

“We’re in the darkest part of the winter, but the light is coming. And maybe we can have mask-burning parties for summer solstice—but not quite yet,” Iha said.

For more information and free tools regarding the pandemic, including the Assessment of Evidence for

COVID-19-Related Treatments, visit ASHP’s COVID-19 Resource Center and the COVID-19 Community at ASHP Connect.

—Kate Traynor

DOI 10.1093/ajhp/zxab024

Smoke from active 2020 fire season challenged Oregon hospitals

Poor air quality from the wildfires near Portland, OR, posed unusual challenges within area hospitals—including the compounding operation at Legacy Meridian Park Medical Center in Tualatin.

Director of Pharmacy Services Doug Meyer said the hospital’s air-handling system normally pulls about 30% of its air from outside the facility. But with high levels of smoke in the area, the hospital switched to “zero percent” outside air for about a week in late September, Meyer said.

That change caused differential air pressure in the cleanroom to fall outside of specifications, and the pharmacy had to shorten beyond-use dates for compounded products made during the smoke event.

“We were not able to do batching” during this time, Meyer said. He added that the problem persisted long enough that the cleanroom required a deep cleaning after the smoke abated.

Despite changing the air circulation, closing some entry doors, and even installing a carbon filter on the rooftop air handler, smoky air from outside continued to seep into the hospital.

“It was certainly a noticeable and at times uncomfortable smell,” Meyer said.

Meyer said he’s been in Oregon for nearly a decade and has never seen a fire season like last year’s, with smoke and fire encroaching on urban areas. He said the hospital staff huddled daily for about a week just to manage the evolving situation.

“We have 7 hospitals in our system, and 1 of them was relatively close to the actual fires such that we . . . relocated our inpatients there to 1 of our other hospitals,” Meyer noted. “We kept the emergency department open for walkups. But otherwise, that hospital essentially closed.”

Fire activity in nearby states also affected medication delivery to the health system.

“We had some delays with our high-dose flu vaccine coming up to us through California,” Meyer explained. “We had an order of 700 boxes of the high-dose vaccine, and were able to get 50 of those 700 for all the hospitals and clinics.

. . . It hit right during the week of starting our flu clinics for employees as well as patients. That didn’t impact us with patients being able to get vaccine, we just had to shift things around to manage that.”

During 2020, wildfires killed 9 people in Oregon, destroyed more than 4,000 homes, and burned over a million acres, according to the Oregon Office of Emergency Management (OEM).

A September 20 report from the Oregon Department of Environmental Quality states that wildfire seasons have lengthened over the past decade in the Western United States and Canada, and fires are burning larger areas than in the past. This trend includes an increase in days with air quality rated unhealthy in parts of Oregon because of wildfire smoke.

According to the report, Portland had no wildfire-related “unhealthy” or “unhealthy for sensitive groups” air quality days from 1985 through 2014, but the city recorded 14 such days from 2015 through 2019. The report doesn’t include data from the 2020 fire season.

Meyer said some of his hospital colleagues were unable to make it into work during the smoke emergency. Others were working while also monitoring the evacuation status in their neighborhood.

Some of the health system’s 13,000 employees were evacuated from their homes during the fires—an added stress on top of the COVID-19 pandemic that staff have been coping with for months, Meyer said.

“We did have some employees that did lose their homes,” he said. “Some people lost everything.”

Erin Wu, fourth-year student at Oregon State University College of Pharmacy in Corvallis, said smoke from nearby wildfires became an issue during the first week of her intensive care unit rotation at Oregon Health and Science University Hospital.

“It was pretty bad here,” she said. “They actually didn’t let us come into the hospital during . . . part of the rotation.”

Wu said her community was under an OEM Level 2 evacuation alert. The warning indicates there is “significant