

RSV

With Dr. John Vanchiere

Clay (00:00):

Welcome back to Vax Matters.

Diane (00:09):

On this episode we will be discussing all things RSV, including the symptoms and complications, as well as a new immunization that is available. Joining us to answer all our questions is a very familiar voice, Dr. John Vanchiere. He is a professor of pediatrics, the associate vice chancellor for clinical research at LSU Health Shreveport, and associate director for community outreach at the Center for Emerging Viral Threats at LSU Health Shreveport.

Diane (00:42):

Welcome back to the podcast, doctor. We are so glad to have you on the show with us.

Dr. Vanchiere (00:47):

Great to be with you, Diane.

Diane (00:49):

Thank you, again. And so to start off, we are hearing a lot about, it seems like in the past year or so especially, we're hearing a lot about RSV. What does that stand for and what is it?

Dr. Vanchiere (01:03):

So, RSV is the- the short name for respiratory syncytial virus. And it is a virus that typically circulates in the wintertime, and for most people it- it causes just a common cold, uh, but for little babies, in particular, and for older folks, uh, especially, it can be very problematic. And so, um, it is, uh, just one of the routine winter viruses that comes around. Interestingly, it was really thrown off course by the COVID pandemic and- and we saw, uh, during 2022 a real big burst of RSV activity actually in the fall, not in the winter. So, uh, it- it is, well, something we've been dealing with for decades.

Clay (01:49):

What are, uh, what are the symptoms and- and how is it transmitted?

Dr. Vanchiere (01:52):

So, RSV is transmitted mostly by respiratory droplets. That is people coughing and sneezing, um, and- and, and it's- it's spread from person to person, of course. It's a human virus, it- it is only in humans. And the most common symptoms are nasal congestion, may have runny eyes, sore throat may go with that because that nasal congestion's running down the back of your throat as well. Uh, older folks and younger folks, uh, typically have fever with RSV-

Diane (02:21):

Mm-hmm.

Dr. Vanchiere (02:22):

... but older kids, school- school children often don't have fever with RSV.

Diane (02:27):

So do the- the, the symptoms or the infection itself actually, does it clear up on its own or is there a certain medication that, you know, the youngsters or the older folks need to be aware of?

Dr. Vanchiere (02:39):

This is one of those viruses that scientists and- and, and doctors have been working for half a century to try to develop a vaccine and develop medications to actually treat it. Because in those extremes of age, the- the young babies and the older folks, uh, it can be fatal. And so, until recently we really haven't had any strategies, uh, to prevent or treat. We don't, still don't have treatment strategies, but to prevent RSV infection, um, other than wearing a mask and good hand hygiene, like we all learned about during COVID.

Clay (03:13):

Yeah, you referenced COVID a couple times. Uh, how does, uh, RSV differ from the flu or COVID?

Dr. Vanchiere (03:19):

In- in terms of the virus itself, it's from a different family of viruses. Um, and- and their mechanisms of- of how they replicate and alike are- are, um, are very different. But in terms of what we experience as- as people infected with RSV, very similar. And so as a, as a clinician, somebody comes in with a stuffy nose and a sore throat, and- and fever, and just, you know, feeling bad, I can't look at them, there's nothing I can tell, uh, about their clinical symptoms that tells me it's RSV and not flu or COVID. Because they all look clinically pretty much identical with- with a few exceptions. And- and so, we have to test using a nose swab or a throat swab, uh, to test for the presence of one or more of those viruses.

Clay (04:04):

It's so interesting, 'cause you do hear more about RSV-

Diane (04:07):

Yes, you do.

Clay (04:07):

... (laughs) than you did-

Diane (04:07):

Yeah.

Clay (04:07):

... before.

Diane (04:07):

Uh-huh.

Clay (04:09):

And I- I wonder, is it triggered by the fact that we had COVID, and people are leaning in on these kinds of things or is it just, it- it's- it's spread more?

Dr. Vanchiere (04:17):

It's probably what we would call ascertainment bias. And then it's- it's more that we're leaning in and talking about these things more.

Clay (04:24):

Mm-hmm.

Dr. Vanchiere (04:24):

A- and people ask, "Well if it's not COVID, what is it?" And- and could be RSV, could be flu, could be one of 100 other viruses, but RSV, flu and COVID are- are now sort of the big three winter respiratory viruses that we're talking about. And then part of why we're talking about RSV more is because now we have some vaccines available, and also an immunization for babies, uh, that is recommended for all infants to get, uh, b- even before they leave the hospital, uh, especially during the wintertime. So we've now got preventative measures that we didn't have even a year ago, uh, to prevent RSV. So it's a, it's a real important topic now to help educate folks and- and understand what those, uh, treatment modality... or prevention modalities are.

Clay (05:09):

You know, doc, I would like you, uh, to speak to this. I think after COVID we are so much more conscious and aware of things-

Dr. Vanchiere (05:16):

Mm-hmm.

Clay (05:16):

... like this. And people are listening to discussions about these things to differentiate between COVID and all these other similar things. I think that's a, that's a positive, that people are paying closer attention now. Do you agree with that?

Dr. Vanchiere (05:29):

Oh, I definitely agree. It's positive. Anything we can do as a society and a community to understand our health better, understand the risks that we incur, uh, and their implications, uh, I- I think is- is- is a good thing. And so, part of what happened early in the pandemic is, when we were all, uh, quarantined or isolated and- and sort of in lockdown or wearing... and/or wearing masks, for a whole year or so we didn't see much RSV at all or flu, for that matter.

Diane (06:00):

Mm-hmm.

Dr. Vanchiere (06:00):

Because we were doing things to protect ourself from COVID, and those things also protect us from flu and RSV.

Clay (06:06):

Wow.

Dr. Vanchiere (06:07):

So, we've learned a lot. We've all learned a lot about how to swab our nose and alike, and that's all-good stuff that we've learned.

Diane (06:14):

And I think then, when Clay was saying too, that we are more aware of all of these different situations that we could find ourselves in. I just started seeing, you know, the- the commercials, the, you know, the PSAs on television about RSV and it's kind of like, "Well, what is this? Did I not know about it before?" And- and like you said, it's been around for a long time, but now with everything that's happened, it's at the top of, you know, our list of things that could happen-

Clay (06:41):

Right.

Diane (06:41):

... to any of us.

Dr. Vanchiere (06:43):

This virus was, you know, discovered in the 1950s and '60s, and only-

Diane (06:47):

Really?

Dr. Vanchiere (06:47):

... recognized-

Diane (06:47):

Oh.

Dr. Vanchiere (06:48):

... uh, as a major problem, especially-

Diane (06:51):

Uh-huh.

Dr. Vanchiere (06:51):

... in- in young infants during the 1980s and in, and into the, in the '70s, '80s, '90s. So, it takes time to understand the implications of a particular germ like this, and then develop strategies to reduce its problematic nature-

Diane (07:06):

Mm-hmm.

Dr. Vanchiere (07:06):

... or- or prevent it. And so, um, it- it is an exciting time with respect to RSV, because now we've got three prevention strategies that are all now FDA approved within the past year that really will change the dynamics of- of pediatric care and health for babies.

Clay (07:25):

Why is it so dangerous in children?

Dr. Vanchiere (07:27):

So think about if you're trying to breathe through a straw as opposed to breathing through something bigger, a garden hose or something even bigger than that, right. So little baby's airways are very narrow to begin with because they're little and their airways haven't grown to be the size of- of- of adult or even teenage and school- school age children. So their airways are very small and even just a little bit of inflama, inflammation and congestion in those airways restricts the airflow significantly. And if you wanna get into the physics, it's related to the, uh, like the- the cube of the diameter of... or, excuse me, the cube of the radius of that airway. So a really small airway, just a small change its, uh, size because of inflammation has a massive effect on how much air can go through that tube.

Dr. Vanchiere (08:19):

Okay.

Dr. Vanchiere (08:20):

So you're going from, for a little baby, from a regular straw like you would use in a, in a big cup at McDonald's or wherever, to breathing through a- a coffee stirrer, eh- eh, uh, in terms of size and effectiveness. And so, it's that change that's so dramatic in babies that... And that's why about 2 out of every 100 babies each, born each year end up in the hospital with RSV.

Diane (08:42):

So what can you tell us no, doctor, about, uh, the new immunizations available to protect, you know, the- the children, the babies and also, older folks against RSV?

Dr. Vanchiere (08:54):

For more than two decades we have had one medication, uh, which is a- a, what we call a monoclonal antibody. So it's a, it's something like what our body naturally makes, an antibody to, um, protect babies that are born premature. And we've been using that very effectively. And for those premature babies, it- it has required that they get a monthly, uh, injection of the monoclonal antibody during the wintertime, typically from November to March in our area of the country. And so, uh, and that drug is also very expensive. What isn't? The- the newer advances are, and what we've

learned in using these, this new, uh, new immunization for babies, is that number one, it only takes one dose of the new medicine rather than five.

Diane (09:42):

Mm.

Dr. Vanchiere (09:42):

And number two, it not only is good for protecting premature babies, but it's good for protecting all babies from RSV. And so, um, it is, it- it is a, and we can say immunization, because it's- it's really, we're passively giving protection to the babies with this monoclonal antibody, as opposed to a vaccination where we- we show the body a piece of a germ and your body naturally reacts to it. So this is a short-term prevention.

Diane (10:15):

Okay, thank you for explaining that too.

Clay (10:15):

Yeah, I was gonna-

Diane (10:15):

Yeah.

Clay (10:15):

... ask about the difference between this immunization-

Diane (10:17):

Mm-hmm.

Clay (10:17):

... and other vaccines.

Diane (10:18):

Mm-hmm.

Dr. Vanchiere (10:18):

Mm-hmm. Mm-hmm.

Clay (10:19):

Wow. And- and- and you said new. How new is this?

Dr. Vanchiere (10:23):

Well, it's been in development for more than a decade.

Clay (10:26):

Okay.

Dr. Vanchiere (10:26):

It's just- just FDA approved last fall. And that's part of what the hubbub has been about, uh, is having not enough of it to meet the demand that, uh, was much bigger than expected. And- and that's not a big surprise, 'cause it takes a little while for every company to build up their supplies and those kind of things. But, uh, research with this drug has been going on for- for nearly a decade in premature infants and healthy term infants, and- and it takes time to understand how durable is the protection, how long does it last, and how effective is that protection. What is really exciting, uh, for babies is that the- the, this immunization with the monoclonal antibody not only protects against hospitalization, but it protects and reduces the rates of... so it protects against severe disease, but it also protects against mild and moderate disease as well.

Dr. Vanchiere (11:23):

And the numbers are really impressive, 70% reduction in infections due to RSV that require a baby to be taken to their doctor. 80% reduction in hospitalizations due to RSV. And 90% reduction in severe RSV that requires hospitalization in an intensive care unit.

Diane (11:45):

So we've been talking, uh, about the- the babies and- and the- the children, the youngsters. What about the older folks, that as I said, you know, you saw or you see, uh, the- the, uh, PSAs on television about getting, you know, being... the- the shots for RSV. Can you talk a little bit about that too, Dr. Vanchiere?

Dr. Vanchiere (12:03):

In the middle, before we talk about the vaccine for older adults, which is-

Diane (12:06):

Okay.

Dr. Vanchiere (12:06):

... recommended for folks age 60 and above-

Diane (12:08):

Mm-hmm.

Dr. Vanchiere (12:08):

... there's another strategy that was also just approved, which is to vaccinate moms during pregnancy to protect their baby. And we've been doing this for a long time for- for things like flu and pertussis, another big-

Diane (12:22):

Mm-hmm.

Dr. Vanchiere (12:23):

... big problem. When moms are protected from pertussis, it protects their baby because they give, you know, immune function to the baby for the first few months of life. And so, um, the, uh, vaccine for moms was also approved last fall. It allows moms to be vaccinated against RSV during a certain window of time, 32 to 36 weeks, uh- uh, gestation, near the end of their pregnancy. And what has been demonstrated is that if we vaccinate mom, that also protects the baby about 80% from hospitalization and 90% from severe disease requiring an ICU hospitalization. So, we've now got two strategies to protect the baby. One is passive, give them the monoclonal antibody, that immunization we talked about. And the other is, vaccinate mom to protect the baby. And so, uh, that's... now we got two things really- really in rapid succession to protect the baby.

Dr. Vanchiere (13:21):

The third is that vaccine for older adults. And why this is important is, uh, goes back to, for me the story of why is flu vaccine important for toddlers? And if we want to prevent older folks from dying of flu, the best strategy for that, one of the best strategies for that is actually vaccinating toddlers, because toddlers are the spreaders. Toddlers bring these-

Diane (13:44):

Wow.

Dr. Vanchiere (13:44):

... germs to grandma when they go-

Diane (13:45):

Yep.

Clay (13:45):

Oh.

Dr. Vanchiere (13:46):

... visit during the wintertime, right?

Diane (13:47):

Mm-hmm.

Dr. Vanchiere (13:47):

And grandma, and grandpa may not respond very well, and could die of these infections. So, um, preventing disease in babies is good because it prevents disease in older folks. Now we've got a vaccine, the same one that we're using in pregnant women to protect babies, that we can use directly to protect older adults from respiratory syncytial virus. And it is recommended much like the flu vaccine is recommended annually, and COVID vaccine was recommended, uh, annually. And these are sort of the biggest three that are gonna be recommended annually for older adults, especially those over age 60.

Diane (14:23):

So this will become part of the quote unquote "the adult shot regimen" that older folks need to get in the fall of the year, I'm assuming?

Dr. Vanchiere (14:32):

It is strongly recommended for all three. And, you know, we've been through a pandemic, and- and there's a lot of discussion about vaccines and things. And- and I always like to just remind people that vaccines are about reducing risk. They're not perfect. Seatbelts aren't perfect. Bicycle helmets aren't perfect. Condoms aren't perfect. But all of those things reduce risk, and that's what vaccines do. And they reduce risk substantially, uh, like the numbers we've talked about, 80, 90% hospitalizations with respect to RSV. As part of your own health plan, it's important to think about what things you can do and- and are currently doing to reduce your risk of bad outcomes. We cook our chicken to 165 degrees so that we don't get salmonella, right? That's a prevention strategy. Is it perfect? No, we might still have a little bit of salmonella around, but it might be just a small-

Diane (15:20):

Yeah.

Dr. Vanchiere (15:20):

... enough amount that our body can handle it without us getting sick from it. So, all of these are risk reduction strategies that are part of our education in- in the public. And especially for older adults who have higher rates of death due to flu, COVID and RSV, we wanna provide options for them to protect themselves from these viruses.

Diane (15:40):

To be proactive-

Clay (15:41):

Yeah.

Diane (15:41):

... and to do that-

Clay (15:42):

Well-

Diane (15:42):

... yeah.

Clay (15:43):

... uh, seatbelts, helmets and condoms, you just became the latest-

Diane (15:46):

(laughs)

Clay (15:46):

... Vax Matters moment right there with that one, doc.

Dr. Vanchiere (15:48):

(laughs)

Clay (15:49):

Uh, let's keep it moving though. Uh, RSV immunization for children isn't a vaccine though, is it?

Dr. Vanchiere (15:54):

Correct. We- we made a distinction that vaccine means we are actively eliciting an immune response from your immune system. Immunization is a broader term that says we're actually giving you, essentially the immune response.

Diane (16:08):

Hmm.

Dr. Vanchiere (16:08):

Because for those little babies, their immune system doesn't respond as well-

Clay (16:11):

Mm-hmm.

Dr. Vanchiere (16:12):

... so we, if we gave the babies the vaccine they may or may not make a good immune response that protects them. But we know if we give them the monoclonal antibody, which is that immunization, it will protect them and it will last four to six months. And that's really what we wanna do, is get them to over that critical period where they're at risk of- of severe outcomes.

Diane (16:30):

And so, we were talking too about the, uh, efficacy of the RSV vaccines and the other, uh, the shots you were speaking of. I just have, uh, just a side note, because I'm just curious, and you did mention it, uh, Dr. Vanchiere about, uh, pertussis or whooping cough. That is part of, is the Tdap series of adult shot that, is it every 10 years that adults need to be, uh, vaccinated or get this shot? Is that right or?

Dr. Vanchiere (16:58):

So the recommendation is, because particularly of the tetanus component, we boost at least every 10 years for the-

Diane (17:05):

Okay.

Dr. Vanchiere (17:05):

... tetanus component. But the, uh, the recommendation for pregnant moms is to-

Diane (17:11):

Mm-hmm.

Dr. Vanchiere (17:11):

... get a Tdap during every pregnancy, because-

Diane (17:14):

Oh.

Dr. Vanchiere (17:15):

... particularly, we're not worried about the moms, you know, the babies getting tetanus, 'cause that-

Diane (17:19):

Mm-hmm.

Dr. Vanchiere (17:20):

... good news is that doesn't happen in the United States anymore. In some parts of the world, it does. But babies are very susceptible to pertussis, and we know most of the pertussis that babies get is from somewhere in, someone-

Diane (17:30):

Mm-hmm.

Dr. Vanchiere (17:30):

... in their household. And so by giving mom a Tdap during pregnancy we're protecting the baby, again during that critical period when they're more likely to have severe disease and even death from pertussis in babies.

Diane (17:43):

'Cause I was wondering about that. I had a friend who was going to travel to a, on a plane at Christmas to visit her- her infant grandson. And her- her son said, "Mom, make sure that you're up to date on the whooping cough. Please make sure that you've got..." So she did, excuse me, double-check with her doctor and it was time for her to get that series. So, eh, you, things you don't think about, you know. I- I wouldn't have thought about that. But again, thank goodness that they double-checked, and everything was fine, wonderful visit. But like you said, you know, you'd, you don't wanna go and be the grandmother that brought whooping cough to the infant or the newborn.

Clay (18:21):

But, eh, you know again, it- it goes back to what we were talking about earlier, people are more communicative about these things-

Diane (18:27):

Yeah.

Clay (18:27):

... now than we were before COVID forced us to really pay attention.

Dr. Vanchiere (18:31):

Part of it is that, you know, before COVID, eh, if we had a cold or even the flu, or- or pertussis, or something making us feel bad, we wouldn't have thought twice about, "Oh, yeah, I'm definitely going to Thanksgiving or Christmas." Or "I'm getting on the plane to, you know, go see somebody, et cetera." But now, at least if we're not feeling well or we're s, or we're sick, you know, we have a... uh, we're taking a second thought. We're saying, "You know, it's probably better if I don't go. It's gonna be sad, I'm gonna be disappointed I can't see X, Y and Z, and all these people I might see every year, but I'm protecting their health and also reducing the stress on my own body of the travel and the like." And that's- that self-care, and- and- and being considerate of other people is- is different now.

Diane (19:14):

Absolutely. Have the Louisianians, here of course in our own state, been receptive to this new, to the immunization, to this new thought, well not new, but to the plan and are they sticking to it?

Dr. Vanchiere (19:25):

So the uptake has been fairly good. Uh, you know, we don't expect 100% of people to rush out, you know, the first year-

Diane (19:32):

Of course.

Dr. Vanchiere (19:32):

... and get it. And, but the- the rates of RS... You know, people who get flu vaccines every year are generally getting COVID vaccines and RSV vaccines, uh, when they're available when they can get them. So, the, that's the good news. What we need to do is educate more, help people understand that, you know, that these are risk reduction strategies that are important. They're not just theoretical, uh, risk reduction strategies, these are viruses that- that do have a significant, uh, toll on the health, especially of elder- elderly people every year in our country. And so, having these strategies available is good, and I expect we will see increasing uptake over the next few years, especially as production increases. We're- we're testing now questions like, "Can we combine flu and COVID vaccines together? Can we-

Diane (20:22):

Oh.

Dr. Vanchiere (20:23):

"... potentially have-

Diane (20:23):

Okay.

Dr. Vanchiere (20:23):

"... a one vaccine, one shot that gives you all three vaccines, flu-

Clay (20:26):

Nice.

Dr. Vanchiere (20:28):

"... vac, flu, COVID and RSV," because none of us like getting shots-

Diane (20:32):

Yes.

Dr. Vanchiere (20:33):

... but right now we don't have options, so.

Diane (20:36):

And that was one of my questions. If you- you... When you get the three shots, should you get them all at once? Should you kind of go one week, get one, the next week, get... I- I didn't know how closely you needed to- to follow up. Is that... Boy it would be nice to have one, just one or two shots.

Clay (20:50):

(laughs)

Diane (20:51):

That would be great.

Dr. Vanchiere (20:52):

So you definitely can get them all at once. Um, and of the three vaccines, they're all about the same in terms of, you know, is your arm gonna be sore, are you gonna feel, you know, you might feel a little tired, a little malaise for a day or so afterward. Because that- that's part of what your body's doing, it's making an immune response, it's educating your- your body about how to fight the germ if the whole germ comes or the real germ comes, uh, a- around. And so, uh, a lot of people do have, uh, some side effects like that, not unexpected, not problematic. And so, I generally recommend, if you're gonna get all three at once, get it on a Friday, then you've got Saturday and Sunday to recover-

Clay (21:35):

Ah.

Dr. Vanchiere (21:35):

... and, you know, then you're back to work on Monday if that's where you need to be, or back to your workweek-

Clay (21:40):

Yeah.

Dr. Vanchiere (21:40):

... whatever you do. So, um, getting all three at once is perfectly acceptable. It's okay to spread them out, one a week, but it means you're making three trips to the pharmacy to get your vaccines-

Diane (21:51):

Right.

Dr. Vanchiere (21:51):

... whereas, you know, one trip can do the job. And your immune system can handle this. People worry about-

Diane (21:56):

Oh, it can? Oh, good. Okay.

Dr. Vanchiere (21:56):

... "Oh-

Diane (21:57):

Yeah.

Dr. Vanchiere (21:57):

"... they're gonna overwhelm my immune system."

Clay (21:59):

(laughs)

Dr. Vanchiere (21:59):

But our immune system responds to thousands of different things every day and that is what it's designed to do. It's a, it's a miraculous, fabulous creation of our body-

Clay (22:11):

Right.

Dr. Vanchiere (22:12):

... how our immune system works. And so, there's- there- there's not any worry, there shouldn't be any worry about overwhelming your immune system by getting three different vaccines at the same time.

Diane (22:23):

'Cause that's what I think a lot of people would think, "Oh, my, I'm so small," or you know-

Clay (22:25):

Right.

Diane (22:26):

... "I- I can't do that, I need to- to- to vary this and not do it all at once." But thank you for clarifying that as well, doctor.

Clay (22:33):

Well, what does one do if they don't qualify for the immunization?

Dr. Vanchiere (22:37):

If you're younger than age 60 and you're worried about RSV, say you, say you're in your 30s or 40s and have, you know, a toddler in- in preschool and a kindergartener at home, and a new baby coming home, how do you reduce risk for you as a parent or even a- a younger grandparent visiting them? Well, hand washing is really important. Um, wearing a mask is actually a very good way to prevent yourself from getting sick with RSV. R, masks reduce transmission risk, whereas the vaccines are more intended to reduce severity of disease. Let's say it again. Think about COVID, you- you wanna prevent COVID, you wanna keep from getting COVID, wear a mask. If you wanna prevent getting severe COVID, get a vaccine.

Diane (23:25):

Mm-hmm.

Dr. Vanchiere (23:26):

If you wanna do both, get a vaccine and wear a mask when you're traveling, when you're in big crowds, those kind of things.

Clay (23:31):

Did we leave anything out, uh, in this discussion? I mean, it's so fascinating to- to- to hear the details on a granular level, but are- are there any things we didn't cover in this conversation?

Dr. Vanchiere (23:42):

No, I think we covered, you know, a lot of things on RSV that were on my list, uh, we've covered all those, especially recommendations for infants as well as for older adults. And really, encourage people to have a conversation with their physician about what vaccines they are- are recommended for. So some of the vaccines like pneumonia vaccine is generally recommended for people over age 65, but if you're an adult who has asthma, then you're recommended to get that vaccine. And so, for those who have a higher likelihood of- of worse disease, there are ways and options to get vaccines if you have risk factors other than just your age. And so those are all individual discussions with your primary care provider, and very important ones at that.

Diane (24:24):

And I think that is our takeaway that we always say on this podcast, "Just sit down and talk to your physician, get his or her opinion, and no one knows your body like you do." You know, you, they'll- they'll say, "Oh, well this, this, this." Well, you know, just be honest how your body feels, what you're feeling, your concerns, your- your questions, your qualms, your anxieties, 'cause we all have them. But that is the bottom line, Dr. Vanchiere, have an honest open discussion with your primary care physician.

Clay (24:56):

I think it's great. It's, and it's stellar example of explaining all of these things-

Diane (25:01):

Mm-hmm.

Clay (25:01):

... that can be so complicated (laughs) and intimidating for people when you think about it.

Diane (25:05):

And they're confusing. You think-

Dr. Vanchiere (25:06):

Yeah.

Diane (25:06):

... of all these different things, you know, like the pneumonia shot, the RSV-

Clay (25:09):

Right.

Diane (25:09):

... you're talking COVID, you're talking flu, whooping, so it's... Eh, thank you, Doctor Vanchiere, we needed to have the explanation.

Clay (25:16):

You know, there are, there are travel seasons that-

Diane (25:17):

Oh, gosh.

Clay (25:18):

... happen in multiple parts of the year, so this is information you need-

Diane (25:21):

Mm-hmm.

Clay (25:21):

... especially if you've got young children visiting their grandparents or vice versa.

Dr. Vanchiere (25:26):

Or if you're traveling down to the Southern Hemisphere, when it's summer here, it's the winter there. They're dealing with-

Clay (25:31):

Ah.

Dr. Vanchiere (25:31):

... RSV and flu, and COVID.

Diane (25:32):

Good point.

Dr. Vanchiere (25:33):

And so, you do have to think about where you're going, uh, especially from North to South across the equator.

Clay (25:38):

Yeah.

Dr. Vanchiere (25:39):

The only other thing I- I guess I'll mention about RSV is that there is a strong, strong link between infants getting RSV early and developing asthma later in life. And-

Clay (25:49):

Huh.

Dr. Vanchiere (25:50):

... there are a lot of factors that contribute to asthma, uh, but it- it seems, the- the data is pretty consistent that RSV is one of those. Different than other viruses that kids get exposed to early in life. And so, in the long-term, preventing RSV in babies may reduce our risk and- and rates of asthma in kids. That we won't know for a long time, but it- it is at least theoretical that it could make a difference. So, happy about that.

Clay (26:18):

Well, Dr. Vanchiere, as always, we appreciate the insight from you. And, um, for all of our listeners, thank you again for listening to another addition of Vax Matters. Come back and see us next time.