

Episode 12 – Herd Immunity

With Dr. Eric Griggs

Clay (00:00):

Hello, everyone. Today we are talking about herd immunity. You heard me right.

Diane (00:05):

(laughs)

Clay (00:06):

See what I did right there? Let's get this episode of Vax Matters started.

Diane (00:17):

All right, so, herd immunity is a term that some of us are familiar with, but do we really understand it? In today's world, I, at least, associate the term with large populations being immune to diseases that have vanished from most countries, such as smallpox or polio. But the term is more complex, though, I do believe. And here to deepen our understanding of herd immunity is Dr. Eric Griggs, director of community medicine at Access Health Louisiana, and a Louisiana health promotion ambassador for the Louisiana Department of Health. Welcome to our podcast, Dr. Griggs.

Dr. Griggs (00:58):

Good morning, good morning, thank you.

Clay (01:00):

It is so good to have you here, and Diane gave a really great description of where we are beginning. And so, for those who don't understand it, I'll ask the obvious question. What is herd immunity?

Dr. Griggs (01:14):

(laughs) That's a great question. Herd immunity is exactly what you- what you said. It's, it's a term where most of the population, a certain percentage, uh, of the population has achieved, uh, exposure to a certain virus or disease such that the virus or disease, uh, won't affect the population anymore.

Diane (01:34):

So why is it important, uh, for us as a community to try to reach herd immunity?

Dr. Griggs (01:41):

So, depending on the diseases, uh, the, the reason it's im- im- important is because, uh, we don't want these diseases to be able to harm large, large, uh, factions, or anyone, uh, in our community. Uh, that, you mentioned the examples of smallpox, uh, you, you talked about polio. A lot of these things have been achieved with vaccines. There's natural immunity and then there's vaccine immunity, and they both work to achieve herd immunity. Guess that makes sense, right?

Clay (02:10):

Well, how can herd immunity be reached?

Dr. Griggs (02:13):

Well, again, one of the ways that, uh, there are two ways. One is natural immunity. One, uh, by, uh, a certain percentage of the population actually surviving, or contracting the disease and then surviving, and then achieving antibodies, so, uh, such that it won't affect them anymore. The other way is to, uh, s- stimulate this antibody response through vaccines.

Diane (02:36):

Uh, and you know, Dr. Griggs, I think that just begs the question. Is it possible to reach herd immunity? How do you know if you have reached herd immunity with a certain disease?

Dr. Griggs (02:49):

Well what will happen is, in public health, there's a thing called surveillance, of course, that lets us know generally how many people have been affected. They, uh, we, we, uh, keep an eye, or sur- uh, sur- we surveil, uh, the number of people that have been, uh, infected. And then we also count the number of people that, uh, have been vaccinated. Uh, this works well for, uh, diseases, say viruses that don't mutate, uh, as, as quickly as some of the others, because otherwise, with the mutations, it can be difficult to, to achieve, uh, if different, if you don't have the same immunity, uh, to one variant of a virus that you would, uh, the original.

Clay (03:32):

You know, we're such visual people, so I'm gonna ask what may be considered a dumb question. But, uh, is there a percentage, is it 60%, 50% plus one, I mean, at what, at what percentage would you consider herd immunity reached, if we ever achieve it?

Dr. Griggs (03:50):

Well, so, and if you're talking COVID, for a while we were saying that it was at 70% of the population. Uh, once 70% of the population had either survived, uh, the disease, had been infected and recovered, or, and/or been infected, we would achieve herd immunity. And that brings in the issue the I allude to earlier of variant. Part of the issue that we're running into now is that with these different variants, particularly of the Omicron, uh, variant, uh, is that, uh, you're able to be reinfected by different, different strains. And here with the B.5, you can be reinfected, uh, with, uh, with the same variant in a matter of four weeks because of the nature of the, the coronaviruses.

Clay (04:30):

Wow.

Diane (04:32):

And it is kind of hard to wrap your, your brain around it, to wrap your head around all-

Clay (04:35):

Right.

Diane (04:35):

... this. Just when you think it's safe again-

Clay (04:38):

Right.

Diane (04:38):

... or the, like we were talking before in some earlier podcasts that Clay and I have done, uh, you, you, you, you seem like, okay, we're doing good, we're doing good, in, in the overall scheme of things.

Clay (04:47):

Right.

Diane (04:48):

From where we were, we are doing very well, but there are so many variables out there, and there, uh, we were talking too, Dr. Griggs, about the fact about, uh, you know, the Clay was saying, a certain percentage, or a number. But that varies with different diseases, such as, uh, I guess like measles and chickenpox and all that, as far as reaching a herd immunity. Can you explain that for us?

Dr. Griggs (05:12):

Yeah, it depends on the, the, uh, it, it, it depends on the virus. Each virus is different, and the viruses are competing to survive just like we are as humans. Um, so, it, the, the level of herd immunity is gonna depend, exactly like you said, on the, the disease process. So, for some diseases, it might be 50%, it might be 80%. It could be as high as 90%. Uh, for others it could be, like we were saying with COVID like we thought, uh, a few years ago, uh, that 70% would get us there. But we don't know the nature of the... you can't predict what viruses are gonna do as they mutate, and they create variants.

Clay (05:51):

We spoke with a Doctor Joseph Kantor in a previous episode of the show about where we, where we are, and he said 95% of Americans have either been vaccinated, had the coronavirus, or both, right? So, how does that-

Dr. Griggs (06:09):

Right.

Clay (06:09):

... how does that work in conjunction with our efforts to reach herd immunity? 'Cause that's a big number. So, can you kind of extrapolate out how that gets us there?

Dr. Griggs (06:20):

Yeah, so, so, he, he brought up an excellent point, and again, this, this illustrates what I was saying earlier, that that's a huge number, and you would think that we would have achieved herd immunity, again, reached a point where, that people, the virus can't, uh, can't find anyone else to infect, it can't propagate anymore in the population. The problem is that we had these variants that we're dealing with. We've had, with, with Alpha, we've had Delta, we've had Omicron, and we've had variations of each. And each of these has different levels of reinfection. Uh, again, you can be, you, the, herd immunity is easier to achieve if you have a virus, and once you're infected, uh, your antibodies work to protect you from future infections. With the way COVID has mutated, you're not necessarily protected from future variants, which makes it a lot harder to achieve. Your level of herd immunity

toward one variant, let's say Alpha, uh, be- uh, is, is, is no longer as effective when we get to Omicron. Does that make sense?

Diane (07:22):

Mm-hmm.

Clay (07:24):

It does.

Diane (07:23):

Yeah, we're, we're kind of on a slippery slope with all of this, aren't we? Uh, you know, uh, Dr. Griggs, I heard so many people early on, that was kind of one of their, well, I don't know, reasons, excuses, uh, explanations of why they weren't going to get the vaccine is because, quote unquote, waiting for her- herd immunity to kick in. That's, uh, they, they said there's no need because they will be protected because of herd immunity. What do you say to that?

Dr. Griggs (07:53):

Well, uh, that, that might have been, I could understand that logic and I respect that logic, uh, for early on, earlier on in the pandemic. But now that is not the, the case. Herd immunity is much more difficult to achieve, so natural immunity is gonna be even more difficult. So, we do need the aid of vaccines, and we're gonna need, uh, boosters that have the different variants, protection for the different variants, in order to get, uh, any level of herd, herd, herd immunity now.

Clay (08:22):

I'm so fascinated by the concept and the reality of getting there, and, 'cause we talk so much about COVID right now, and it's s- like Diane said, it's so, uh, ever-evolving. How are you consulting with people in small groups about this, and how, how they should go about conducting themselves so that we can achieve said herd immunity?

Dr. Griggs (08:42):

Yeah, so one of the things that, uh, I, I always use the example of the, the pandemic of 1918, uh, when there were no such thing as vaccines. Uh, you know, if we would conduct our behavior in such a way that we protect ourselves and stick to it, it makes things a lot, lot easier. That, uh, if we maintain our distance from each other, if we wash our hands, if we wear a mask, sa- things are simple. They're called NPIs, non-pharmacologic inter- interventions. If we would be consistent in doing that, uh, this thing would be a lot easier. And then we can get to the vaccine conversation. So, then I explain that, that the natural immunity part with vaccines, vaccines allow us to help get there. Again, the vaccines stimu- teach your body how to make antibodies to whatever virus or variant that might be out there. Herd immunity is a lot easier when you're able to, to use both the non-pharmacological interven- inter- interventions, and, and vaccines. Uh, the sooner we're all able to get on the same page, the sooner we'd be able to get there. The problem is that everyone really wants to operate on their own terms, uh, with their own theories, and it just makes it a lot, a lot tougher.

Diane (09:51):

That is a challenge, to get on the same page, I think, Dr. Griggs. And I believe that all the, uh, all the medical professionals, all the doctors, the, there's just so much that you can do. It's up to the individual-

Clay (10:02):

Mm-hmm.

Diane (10:02):

... to take responsibility to do what they need to do. Do you, in your, in your opinion, do you think we'll reach a herd immunity with this, with this COVID?

Dr. Griggs (10:13):

Yeah, uh, uh, uh, uh, I think eventually, given enough time... all this happened so quickly. I mean, it, this just-

Diane (10:18):

Oh, no kidding, yeah.

Dr. Griggs (10:19):

... we're going, [inaudible 00:10:27], yeah, we're going into our third year, and I don't know-

Diane (10:23):

Oh, gosh.

Dr. Griggs (10:23):

... about you guys, but it's just, to me it feels like it's about 10.

Diane (10:26):

(laughs)

Clay (10:26):

Yes.

Diane (10:27):

Indeed, yeah.

Clay (10:28):

(laughs)

Dr. Griggs (10:29):

Um, what I, what I tend to tell people, though, is, "Listen, I'm, I'm not here to change your mind. I'm here to give you the facts. And hopefully, based on those facts, you'll make the wisest decisions for, for you. Uh, I'm gonna be here regardless. Uh, I'll be here to tell you where to get vaccinated. I'll be here, what, to tell you what hospital to go to. I'll be here to tell you where to get Paxlovid. I'll be here to tell you any of the facts that you want, but I just want you to do the best thing for you, yourself and for your surrounding community. And, uh, um, my job is to give as many facts as I possibly can."

Clay (11:01):

Well, you know, some people may listen to you and say, "Okay, if we reach herd immunity, that means it's over. We're done with it, it's been eradicated." Is that the same thing?

Dr. Griggs (11:12):

No, so, the thing is, the thing about it is, uh, we still have to adjust our behavior because we're still in an ever-evolving situation. There are very few, uh, diseases that we've wiped off the face of the planet. Um, and I don't think, I think we'll be dealing with COVID for a long time. So I think that we'll have to constantly adjust our, our behavior. If you think about it, the H1N1 flu that caused the pandemic 100 years ago, it's still around now. Uh, and we, and if you want to not get sick, if you want to achieve any level of safety, you should have to do those things. You get vaccinated, you use your non-pharmacological interventions. If you're sick, you stay home. Uh, if you're responsible you want to wear a mask. Uh, if you, if you go out, uh, you wash our hands. So I think the things that we, we just have to adjust our behavior. We've been living for all these years without a virus of this nature, so it's hard to get people to change their behaviors.

Clay (12:04):

Mm-hmm.

Diane (12:04):

Uh, and I believe it, as tr- uh, Clay said a little earlier on, that Dr. Kanter said that COVID has been the defining situation of our generation.

Clay (12:13):

Yeah, yeah.

Diane (12:13):

I mean, this turned our lives upside down, sideways, inside out for the past two to three years. So, you, all of this, you all, you know, uh, the medical community really having to educate everyone. You know, we're becoming more and more familiar with these terms of the herd immunity, of the variants, of the subvariants, of wanting to know about, uh, eradicating diseases. We're, we're all getting kind of a little degree here, not medical degree-

Clay (12:41):

(laughs)

Diane (12:41):

... but little degree, uh, in, in medicine. And what we need to do for ourselves and for, as we said, our community and loved ones, so, when reach, reaching herd immunity is not the same, just to clarify that, is not the same as eradicating a disease. We wanna be very clear about that, Dr. Griggs.

Dr. Griggs (13:00):

Yeah, absolutely. Reaching herd immunity is not the same, we, uh, with herd immunity, a l- the disease still circulates in the population, but it's not able to affect that population. Eradicating a disease, uh, is different, like we've done with smallpox and, and polio. And to your point, uh, uh, uh, uh, I explain it to people like, "Listen, I know this is a drag. This is like, uh, you know, it's like sitting in a science class. You're being forced to take a science test"-

Diane (13:26):

Yes.

Dr. Griggs (13:26):

... "and you hate science."

Diane (13:27):

(laughs) Yes.

Dr. Griggs (13:27):

(laughs)

Diane (13:27):

It is a, it's a required course to graduate, yeah.

Clay (13:32):

(laughs)

Dr. Griggs (13:32):

Yeah.

Diane (13:32):

We're all in that required course right now.

Dr. Griggs (13:34):

Yeah, a required course-

Diane (13:34):

Yeah.

Dr. Griggs (13:34):

(laughs)

Diane (13:35):

Wow.

Dr. Griggs (13:36):

Exactly. Exactly.

Clay (13:37):

(laughs)

Dr. Griggs (13:38):

That's exactly what it is. And that's what, that's why I allow for the pushback. It doesn't bother me. I get it, you did not wanna take science. You too- you did everything you can to fix your schedule so you wouldn't have to have to take-

Diane (13:48):

Yep.

Dr. Griggs (13:49):

... take another-

Diane (13:49):

Mm-hmm.

Dr. Griggs (13:49):

... science course. And here you are living one.

Diane (13:52):

Your advisor said, "You gotta take it," so you gotta do this.

Dr. Griggs (13:55):

(laughs)

Clay (13:55):

You know, I think you triggered-

Dr. Griggs (13:55):

Yeah.

Clay (13:55):

... Diane a little bit-

Diane (13:56):

(laughs)

Clay (13:56):

... on that one with that. With that analogy.

Dr. Griggs (13:58):

(laughs)

Clay (13:58):

(laughs)

Diane (14:00):

Oh, wow. Thank you.

Clay (14:00):

So, so-

Dr. Griggs (14:00):

(laughs)

Clay (14:03):

... so listen, some-

Diane (14:03):

(laughs)

Clay (14:04):

... some people may, (laughs) may hear you talk about herd immunity, and the fact that we may eventually get there, as meaning, okay, no more-

Diane (14:13):

Mm-hmm.

Clay (14:13):

... vaccinations, no more shots. We're done with this. I would assume that that is an inaccurate assumption.

Dr. Griggs (14:19):

Yeah, it's an inaccurate assumption, and the only way to get there, the best way to get there, it's gonna have to include vaccines in the equation. Uh, again, there's natural immunity and then there's vaccine immunity, and they work together to help achieve some semblance of herd immunity.

Diane (14:35):

And we were also discussing too, uh, doctor, about that public health experts really can't rely on herd immunity to protect people from, like, whooping cough. You know, there are some things that just, just can't happen. Is that correct?

Dr. Griggs (14:49):

Right. Right, there are some things that can't happen. And the, and-

Diane (14:52):

Mm-hmm.

Dr. Griggs (14:52):

... again, vaccines are a way to protect us, um, from those, those things. I mean, if we can't get around it, we've been taking vaccines for years, the concept of vaccines has been around for centuries and centuries. Uh, you can go back to the work with smallpox, uh, you know, Edward

Jenner, uh, and the, and, and prior to. Uh, vaccines are something that, uh, that save us. We just don't realize it. They've become so ubiquitous, uh, you take them before-

Diane (15:17):

Yes, yeah.

Dr. Griggs (15:18):

... you go to school. We don't think about it. These diseases, I've never, we've never seen anyone with polio. We've never seen anyone with smallpox. Uh, we never had the sense of urgency. Uh, luckily, I mean, it, uh, it's a sad that COVID is, is, is, as lethal as it is, uh, and we've, we suffered a lot with that. But, uh, you can only imagine the suffering that people witnessed with polio and, and smallpox.

Clay (15:44):

Mm-hmm.

Dr. Griggs (15:44):

Uh, before there was anything to be done about it. So, it's just something that we just gotta get used to. It's another one. And this, there was pushback then, and we'll just have to deal with the pushback. We're only-

Clay (15:53):

Mm-hmm.

Diane (15:53):

And you-

Dr. Griggs (15:53):

... uh, again, uh, this is only year three.

Diane (15:56):

(laughs) Only year three, thank you for that reminder. But-

Dr. Griggs (15:58):

(laughs)

Diane (15:58):

... you know, it was always-

Dr. Griggs (15:59):

(laughs)

Diane (15:59):

... it was always a given when we were growing up as children, you just did it. You got all your vaccines and-

Clay (16:07):

Mm-hmm.

Diane (16:07):

... you did this, and you did that before you went to school.

Clay (16:10):

Right.

Diane (16:10):

And there was no question about it.

Clay (16:11):

Right.

Diane (16:11):

And now, yet sometimes I think, as adults, we forget about there are shots, there are vaccines that we need to continue to make sure that we're up to date on, again, to be proactive about our health, Dr. Griggs, because we never know what's waiting around, you know, the next bend, because who would have ever thought that COVID, holy cow-

Clay (16:32):

Mm-hmm.

Diane (16:32):

... shutting down the world in February of 2020, I mean, it was, the world was shut down.

Clay (16:36):

Well, as you know, uh-

Dr. Griggs (16:37):

[inaudible 00:16:53]-

Clay (16:38):

... Diane, uh, to become a member of any social media platform, you have to have a medical degree, so-

Diane (16:43):

(laughs)

Dr. Griggs (16:43):

(laughs)

Clay (16:44):

... everything we read on these platforms is true, so-

Diane (16:46):

I love it.

Clay (16:46):

... uh, you know?

Dr. Griggs (16:46):

Yeah.

Diane (16:46):

(laughs)

Clay (16:47):

You know, you know, it's, it's interesting to think about where we are now. You referenced-

Diane (16:51):

Mm-hmm.

Clay (16:51):

... how long we've been in this, doc. And now we're getting back to the activities that we've seen before, sports activities, gatherings, or schools, family gatherings-

Diane (17:01):

Vacations.

Clay (17:01):

... vacations.

Diane (17:02):

Trips, yeah.

Clay (17:03):

So, how does that reality impact us, or the speed at which we reach herd immunity?

Dr. Griggs (17:10):

So, (laughs) it's because this virus is ever-evolving, though, it, it makes it really, really tough. I mean-

Clay (17:17):

Mm-hmm.

Dr. Griggs (17:17):

... each v- variant and subvariant is more infectious than the last, and the fact that there's no cross, there, there doesn't seem to be that the amount of cross protection from variant to subvariant seems to be getting less and less. So, it makes it a lot more challenging. The other thing is that we're just, we're under, we're, we're in pandemic fatigue.

Diane (17:37):

Yeah.

Dr. Griggs (17:37):

Uh, everyone, we're, we're tired of it. Uh, people don't wanna hear about it, they don't want to talk about it. Uh, I'm doing work in other countries. I was in, uh, Turks and Caicos, and I was doing-

Clay (17:46):

Mm-hmm.

Dr. Griggs (17:46):

... a men's health event, talking the the minister of health for the country. They're like that, we can talk about everything, but don't, don't talk about COVID. We don't have the COVID.

Diane (17:53):

(laughs) Oh, gosh.

Dr. Griggs (17:53):

(laughs)

Diane (17:54):

The elephant in the room, huh?

Dr. Griggs (17:55):

(laughs)

Diane (17:56):

Don't talk about COVID. Wowzers.

Dr. Griggs (17:58):

Don't talk about COVID.

Diane (17:59):

How did that go, Dr. Griggs? Man.

Dr. Griggs (18:01):

Yeah, oh, I, I said-

Clay (18:02):

I'm thinking you took his advice.

Diane (18:02):

(laughs) Ooh.

Dr. Griggs (18:03):

And I, I abso- and, and I said what I had to say and, uh, to get out of the room, but I already knew-

Diane (18:09):

(laughs)

Dr. Griggs (18:09):

... that-

Diane (18:10):

Yeah.

Dr. Griggs (18:11):

... that on- (laughs) once, once you get out in the community and you start-

Diane (18:14):

Yeah.

Dr. Griggs (18:14):

... doing, uh, any type of health talk or health education, COVID comes up and you can't-

Diane (18:19):

Yeah.

Dr. Griggs (18:19):

... avoid it because you had to wear a mask when you're inside. Why are we wearing a mask? It's because of COVID. So I didn't bring it up until they brought it up to me, but again, we have to get over the COVID fatigue. The, the, you know, technology being ever-evolving is an amazing, and it's awesome thing, but it can be taxing. Uh, we're in the age of information overload.

Diane (18:40):

Mm-hmm.

Dr. Griggs (18:40):

And there's dis- disinformation. And all those things go to reinforce people's views when they don't want to do something. And I think we've lived that pretty harshly.

Diane (18:49):

A- and you know, Dr. Griggs, it really is a catch-22.

Clay (18:52):

Mm.

Dr. Griggs (18:53):

Yeah, it really is. You have to, the, the ability to read the room, or to have emotional intelligence, EQ, to realizing people are fatigued, when to let, let, take your foot off the gas-

Diane (19:04):

Mm-hmm.

Dr. Griggs (19:04):

... a little bit and let people come to your own conclusions. Talk about something other than, in COVID. Live life, tell people to be present in the moment.

Diane (19:12):

Yes.

Dr. Griggs (19:12):

Um-

Diane (19:13):

Yes.

Dr. Griggs (19:14):

... and, and r- and really s- you know, w- what- what's happened is there's a pattern to this whole pandemic. Uh, I think that everyone now is finally accepting there is a wave in the fall, there's a wave in the spring/summer. Uh, if you can remember, for the past three summers, everyone starts complaining, "Oh, I have a summer cold. I have the summer flu. I have a, this weird headache. It's my allergies and sinuses," and it turns out it, it seems for the last three years, it's been another variant. Once we're able to accept that, and we can change our behaviors to wear a mask when we're traveling, to be more responsible when we're out, uh, staying up on the, the, the latest... not, that, uh, uh, you know, uh, I'm, uh, I'm bringing up my own point here. Part of the problem is that a lot of the information that's coming out i- is not, it's not peer reviewed. The, the studies aren't strong, and we're just telling everyone everything the entire time. We're given... we, imagine someone walking you through the process of making sausage. You wouldn't wanna eat it-

Clay (20:11):

(laughs)

Dr. Griggs (20:11):

... at the end of it.

Diane (20:12):

Amen to that.

Clay (20:13):

Yes.

Dr. Griggs (20:14):

(laughs)

Diane (20:14):

God.

Clay (20:14):

Yes.

Diane (20:14):

Uh-huh.

Dr. Griggs (20:15):

(laughs) Y- yeah, so we're given all these steps before the sausage is ready, as opposed to just only coming out with the best and most recent information that's been peer reviewed, that's been addressed in an, an, a, a powerful, uh, clinical, clinic- clinical trial. That way you avoid the information overload, and you'd say, "Until, 'til I tell you otherwise, keep proceeding and doing this, this, and this. Wear your mask and get vaccinated. When a change happens, I'll let you know." Just being strategic and being able to read the room and read people's fatigue level. Uh, a lot of people will let you know their fatigue level 'cause the moment you start talking about COVID, they walk away.

Clay (20:49):

(laughs)

Diane (20:49):

(laughs)

Clay (20:50):

Yeah, that, that, I think I could pick up on that time.

Diane (20:53):

G- good way to stop a conversation is-

Clay (20:54):

Yeah.

Diane (20:55):

... uh, yeah. Mm-hmm.

Dr. Griggs (20:56):

(laughs) Yeah, yeah.

Clay (20:57):

You know, it's interesting, doc, uh, I think you make an excellent point, because certain behaviors almost become involuntary, like, say, here in south Louisiana, when, as the seasons change, there are things that we just do naturally. I mean, people in May start, uh, getting supplies for their homes in the event of a hurricane, so they don't have to rush out in an evening to load up on, on things, or in the wintertime, you know, what people do. I think that the same can be said for this if we are, if we're smart about it, that we, we I'll naturally know, hey, if you're traveling in the fall, maybe you wanna wear a mask if you would otherwise not do.

Dr. Griggs (21:33):

Right, right, and if there's a new vaccine that comes out, because we are working... no one wants to get shots. My mom, my mo- my own mother said, uh, "Baby, I'm not taking"-

Clay (21:42):

(laughs)

Dr. Griggs (21:42):

... "I'm not taking another booster, a rooster"-

Diane (21:43):

(laughs)

Dr. Griggs (21:45):

... "a ham, a duck, a chicken, I'm not taking none it." Now you-

Diane (21:49):

I like your momma.

Dr. Griggs (21:50):

... [inaudible 00:23:01].

Diane (21:50):

(laughs)

Clay (21:51):

(laughs)

Dr. Griggs (21:53):

My mom said, "Why don't you all... look, tell me, tell me when you all get it right, and in the meantime I'm just gonna stay home."

Diane (21:57):

(laughs)

Dr. Griggs (21:58):

She's adapted her behavior. She's made a decision. Uh, she doesn't like the way that, that it feels. She's gotten, she's gotten a booster, but she doesn't wanna take another one until we could, 'til the, let the, let the vir- it's like letting a storm pass.

Diane (22:11):

Mm-hmm.

Dr. Griggs (22:11):

She wants the s- the s- the, the storm of the variant to pass, and give enough time for the, the next shot she takes has enough of the, the protection for the latest variant. It makes a lot of sense with, 'cause there, uh, people, that, it's not a comfortable feeling, uh, for some folks, getting these, these boosters.

Diane (22:30):

A- and I, and I do love it when your momma said, "Baby, when you get it right, when you get it right."

Dr. Griggs (22:34):

Yeah.

Diane (22:34):

No more boosters or roosters. You know, I've had-

Dr. Griggs (22:36):

(laughs)

Diane (22:36):

... I've ha- had it, I've had the vaccine, and then, then, then the two boosters. And I, I tell people, "You know, my COVID dance card is filled."

Dr. Griggs (22:43):

Yeah, she's dead-

Dr. Griggs (22:44):

... she's dead serious about it too.

Diane (22:45):

Yeah, oh, yeah, I bet.

Dr. Griggs (22:46):

She's not leaving the house. She's just, "I'm a stay home. Just, just, don't worry about it, I'm fine."

Clay (22:50):

Well-

Dr. Griggs (22:51):
Well, okay, all right.

Clay (22:51):
... give us an update, uh, as it relates to herd immunity for, uh, other things like, uh, the measles or chickenpox, or whooping cough, uh, things that, that Diane brought up earlier. Are we, uh, will we have we, or will we reach herd immunity for those?

Dr. Griggs (23:07):
W- when you say reach herd i- immunity, I think we, we, we've done a good job of, of spreading the news and spreading the... our vaccine immunity is, is way, way up. I mean, it's very... Hello, can you hear me?

Diane (23:24):
Uh, yeah, uh, you just cut out for just a second, Dr. Griggs. Could you repeat what you were saying?

Dr. Griggs (23:28):
Yeah. Yeah, go figure, that was my mom calling. She must have heard us talking about her.

Diane (23:32):
Oh. (laughs) Oh, my gosh.

Clay (23:32):
(laughs)

Diane (23:34):
Her ears were burning.

Dr. Griggs (23:34):
(laughs)

Diane (23:35):
Uh- (laughs)

Dr. Griggs (23:36):
Oh, her ears were burning. (laughs)

Diane (23:37):
(laughs)

Clay (23:37):
She said-

Dr. Griggs (23:37):

Yeah.

Clay (23:38):

... "I told you I wasn't taking that shot," you know?

Diane (23:39):

(laughs)

Dr. Griggs (23:40):

(laughs) I know you didn't tell them [inaudible 00:25:13] with you. (laughs) [inaudible 00:25:14].

Diane (23:44):

Oh, I love it.

Clay (23:46):

But you were saying-

Dr. Griggs (23:47):

But, uh, as you-

Clay (23:47):

... you were, yeah-

Dr. Griggs (23:48):

... you were talking about the measles, the, the, the, the, the mumps. B- because we've had such success with vaccines, you don't hear of those anymore, and I think we've done a good job with herd immunity through vaccine immunity. Uh, now, should we start to, to wane on our vaccines, you'll see the numbers go up again because, uh, they're still here. They're not eradicated from the planet. They're still here, and the, you know, they're always waiting and competing to try to get into our, our species and pass their, their genes along. Really, and make it, and making us sick in the process. So, I think we've done a good job with, with vaccines. Um, and if combined with the minimal natural immunity, 'cause so few people actually, uh, get infected with these diseases, but I think we need to keep the pace. We need to... we can't, uh, we can't let our guards down because they're always waiting to, to attack.

Diane (24:35):

And Dr. Griggs, uh, I really appreciate, and just, just so identify with what you said about living in the present. Live your life, live in the present. We've been through, ooh, gosh, we've been through some challenging days-

Clay (24:52):

Mm-hmm.

Diane (24:52):

... and years, and this was really brought home to me personally when I was able to finally travel up north during the holidays and the first of the year to see my family. I hadn't-

Dr. Griggs (25:03):

Yeah.

Diane (25:03):

... been able to see my family in over two years. And-

Dr. Griggs (25:07):

Wow.

Diane (25:07):

... it was, because I'm, I'm not related to anybody here in south Lo- Louisiana. I have to go north. And the reason being too, not only for my own safety, but my family, so very careful, very careful about quarantining. I didn't wanna make them uncomfortable with me coming to visit. So, when I got up there, oh, my gosh, it was just so fabulous. I couldn't think about the two years that we hadn't seen each other. I couldn't think about, well, what's gonna happen in the future? Am I gonna be able to continue to come up here or not? I had to absolutely live in the present, in the moment. And I gotta tell you, Dr. Griggs, I think that was one of the best family, just reunions that maybe I've ever had. And I've been around for a while, and I've had a lot of- (laughs)

Dr. Griggs (25:53):

(laughs)

Diane (25:53):

... of family reunions and, with my family. But it just made it even more precious. So precious to live in the present.

Dr. Griggs (26:00):

Yeah, you know, it's, it's yesterday is history, tomorrow is a mystery. All we have is today.

Diane (26:06):

Yeah.

Dr. Griggs (26:06):

And you wanna make as memory, a- as many memories, fun memories. I mean, that, that... I mean, I don't know if you can remember that first hug-

Diane (26:14):

Oh-

Clay (26:14):

Yeah. (laughs)

Dr. Griggs (26:15):

... from your family member you hadn't-

Clay (26:15):

Yeah. (laughs)

Diane (26:16):

Oh, my gosh, the tears.

Dr. Griggs (26:16):

Yeah.

Diane (26:17):

I mean, you didn't wanna let go.

Dr. Griggs (26:18):

(laughs)

Diane (26:19):

You didn't wanna let go. And we just said, "Oh, my god," and to see-

Dr. Griggs (26:22):

Yeah.

Diane (26:22):

... and to see their eyes, 'cause, you know, we talk to them, you talk on, you know, on Facebook, but to see them in person and to actually have them in your, what I call, it used to be my no comfort zone, stay out of my air flight, or, air, my air space.

Dr. Griggs (26:34):

(laughs)

Diane (26:34):

You know, stay out of my air space, anybody. But now you've got your family there.

Clay (26:39):

Right.

Diane (26:39):

And you've made it through, and you have a common denominator of y'all living through some really difficult times.

Dr. Griggs (26:46):

Yeah, that, that, those moments last, I mean, tho- those are the moments that'll get you through the tough times.

Diane (26:51):

Yeah.

Dr. Griggs (26:51):

And that's one thing I will say that the pandemic has done, it's made, made me, personally, appreciate personal-

Diane (26:56):

Mm-hmm.

Dr. Griggs (26:56):

... relationships, and being able-

Clay (26:59):

Yeah.

Dr. Griggs (26:59):

... to spend time with, with people. I mean, it's, it's-

Clay (27:01):

Absolutely.

Dr. Griggs (27:02):

... we've never re- relied on each other more than getting through this. Like you said, this is unprecedented for our generation.

Clay (27:08):

Is there anything about the discussion on herd immunity that we left out? Any, any point that you'd like to make before we wrap up?

Dr. Griggs (27:15):

No, but the one, the only point I wanna make is, is, is kinda one that we've been saying, I mean, I've been really, really saying is that we need vaccines, and we need, uh, natural immu- they, they have to work together. It's not just something that, uh, you know, a lot of people say, "I'm just gonna catch COVID and I'll be fine. I'll be protected after." Well, with the evolving nature of the variant, uh, now we're wor- working on, they're, uh, making variant-specific vaccines. Those things combined with natural immunity, combined with other things, work to get us to herd immunity. I can't wait for us, the day where, well, we're, and we, it's kinda getting close. I mean, if you can, if you think about it, people are catching COVID and they're not freaking out, and "Oh, I have COVID," and they're being responsible-

Diane (27:57):

That's true, right.

Dr. Griggs (27:57):
... and they're staying-

Diane (27:59):
Yeah.

Dr. Griggs (27:59):
... home. They're staying home. So it's, that, that's, that, you know, we're, we're, we're, we're understanding the term endemic, but I don't wanna, I don't wanna put you through another science class [inaudible 00:29:37].

Diane (28:07):
(laughs)

Clay (28:07):
(laughs)

Diane (28:08):
And you don't wanna put that out in the universe, thank you, yeah. (laughs)

Dr. Griggs (28:11):
(laughs)

Diane (28:12):
Dr. Griggs, we so-

Dr. Griggs (28:14):
Well-

Diane (28:14):
... we so appreciate your time. Thank you so much and thank you for being on this episode of our podcast. And tell your momma hi for us. Tell your momma-

Clay (28:20):
Yes, please.

Diane (28:20):
... don't, we, yeah, we-

Clay (28:21):
Tell momma we said hello.

Diane (28:23):

... yes, indeed.

Dr. Griggs (28:24):

You tell your college advisor I'll give you [inaudible 00:29:57]-

Diane (28:26):

Oh. (laughs)

Clay (28:26):

(laughs)

Dr. Griggs (28:27):

... you can skip this class.

Diane (28:28):

I love you. Go back to the day-

Clay (28:30):

(laughs) It's-

Diane (28:31):

... indeed.

Clay (28:31):

... she s-

Dr. Griggs (28:32):

(laughs)

Clay (28:32):

... she sat up straight in that chair-

Diane (28:34):

(laughs)

Clay (28:35):

... and was pounding the table for the listening audience.

Dr. Griggs (28:35):

(laughs)

Diane (28:37):

Oh-

Clay (28:37):

(laughs)

Diane (28:38):

... man. He's telling secrets over here, Dr. Griggs.

Clay (28:41):

Yeah. (laughs)

Dr. Griggs (28:41):

(laughs)

Diane (28:41):

Well, thank you again, and thank you, everyone, for being with us today. I hope you're now a little more familiar, a little more comfortable when you hear about herd immunity. Thanks to all our listeners. We hope you will come back for more Vax Matters on our next episode.