

Episode 18 – COVID Boosters

With Dr. Jennifer Avegno

Clay (00:00):

COVID-19 boosters versus the vaccine: what's the difference? In this episode, we answer that question.

Diane (00:13):

Hi, and thanks for streaming today's episode of Vax Matters. We're so glad you're here. Our selection of questions today addresses the use of COVID-19 boosters, as Dr. Jennifer Avegno of LCMC Health in New Orleans lends her expertise to our conversation. Thank you for being our guest, Doctor. Good morning to you.

Dr. Avegno (00:36):

Good morning. Thank you for having me.

Diane (00:38):

It is our pleasure. And I guess we just need to start with the simplest and probably your most asked question: what exactly is a booster?

Dr. Avegno (00:50):

Well, a booster is, to put it one way, uh, a refresher for your immune system. Uh, your immune system, when it is faced with a virus or when it is given a vaccine, is learning, is learning what pathogen to look out for, what it looks like, what receptors it might attach to, and to figure out a way to fight it. So with some vaccines that you might remember from childhood, it takes a few shots to get your body really used to recognizing what a particular pathogen might be. And for some viruses, your body remembers it for the rest of your life. For v- a virus like coronavirus and others that we can talk about, uh, even if you've had the virus or you've gotten a primary series, your body sometimes either doesn't remember for as long what that virus looks like, or the virus itself changes in such a way that your body might not recognize it unless it had that refresher course.

Dr. Avegno (02:00):

Um, and so that's just what a booster is. It's intended, as is in the name, to boost your immune system so that it can be as prepared as possible for whatever strain of the virus you encounter.

Clay (02:13):

That's about one of the best explanations-

Dr. Avegno (02:16):

(laughs) Thank you.

Clay (02:16):

... about something like that I've ever heard.

Diane (02:18):

And you know, and I love it when you said it's a refresher. That's something we all can remember, and we can all identify with.

Dr. Avegno (02:24):

Right, right. I like to think of it as school, right? We go to school. We learn our multiplication tables. And we remember those for the rest of our life. But if you were to ask-

Diane (02:34):

Sort of. Sort of. (laughs)

Dr. Avegno (02:36):

Right. So that might be one of your early childhood vaccines. But if you were to ask me right now to do trigonometry-

Diane (02:43):

Mm-hmm.

Dr. Avegno (02:43):

... I would need a little bit of a refresher-

Clay (02:44):

(laughs)

Dr. Avegno (02:45):

... because that's not something that I've retained. And so I would need a booster for trigonometry, just like I might need a booster for COVID or the flu.

Diane (02:53):

Understandable.

Clay (02:55):

So listen, wh- what is the difference between a booster and an additional shot?

Dr. Avegno (03:01):

Well, in, in some ways, it depends on the virus that you're talking about. Um, let's take tetanus. Everybody knows that if you get a, a cut, you wanna get a tetanus shot, right? And you get them as a child. But every 10 years or so, you need a booster. In that case, it's the same formulation of the vaccine. It's just remi- because tetanus doesn't really change very much.

Clay (03:25):

Mm-hmm.

Dr. Avegno (03:26):

When you're talking about something like COVID or the flu, what the goal of the booster is to update that vaccine coverage for whatever strain of the virus is circulating. We know, for example, with the

flu, that every year, there tends to be a predominant strain across the world. And some years, it's very similar to the year before. Some years, it's completely different from the year before. And so that's why we get a yearly vaccine for the flu, because we're trying to match our protection with the strain that's circulating. Same with COVID, except it seems that COVID, like many other coronaviruses, change even more rapidly than the flu does.

Dr. Avegno (04:15):

If you think about all of the different major strains of COVID we've had, we've had the original, we've had alpha, beta, delta, omicron, and a whole bunch of other ones (laughs) in between. It's changing very rapidly. And again, sometimes when the coronavirus changes, it's something that's fairly recognizable to your immune system. But sometimes, like the delta variant, for example, it's a pretty big shift, and your immune system just might not be able to keep up. So the vaccine is trying to match whatever the dominant strain is at that time.

Dr. Avegno (04:50):

And as you can imagine, that's tricky. If it's changing very quickly, it's not like you can just make a new vaccine in a couple of days. And so it's, it's sort of a race between us and the virus to figure out (laughs) who's gonna be on top.

Diane (05:03):

And when you stop and think about it, our immune system, it is, it's... we've talked about it on this podcast before, how remarkable it is that our body does what it does without us even being aware of it. You know, we need doctors like you. We need the health professionals to bring us back into focus, to let us know, hey, yeah, you're doing a really good job, but that's why you need a shot, or that's why you need boosters, to keep your body moving at the ultimate capacity that it can.

Dr. Avegno (05:35):

Yes, it is amazing. And, and our body... it's not just one type of defense. It's not just one way to recognize an invader, if you will. There are short-term memory cells that, that, you know, are really quick to recognize something. But then your body has these longer-term defenses that, you know, maybe even if it's years later... In the case of the flu, what we see sometimes is that if you're an adult, but you got infected with a particular strain as a child, your body still has some memory of that. And so if you see it again as an adult, it's gonna fight it off. So it's... the, the layers of immunity that we have inherently are amazing, and vaccines are just capitalizing on, on, you know, what we already have.

Clay (06:23):

Hmm. That's interesting. You, you've spoken to why we need boosters. Let's talk about who's most eligible for the COVID-19 booster.

Dr. Avegno (06:32):

Well, right now, for the bivalent booster, it's pretty much anyone except for very young children, which is great. Um, you know, I know in the beginning of COVID, because there was a scarcity of supply, we were really targeting individuals that were at high risk of complications, and then we... every place sort of rolled it out differently who got it next. But the nice thing about the new bivalent va- uh, booster is that it is readily available for almost everyone. And it's the only booster available. So if you walk into your doctor's office or your drugstore and you say, "I'm ready for my COVID

booster," there's only one they're gonna give you. And that's because it is the one that is matched not only to the very original strain but also to the strains that have been circulating pretty widely for the last four to six months.

Clay (07:22):

Let me ask, s- so if someone is wondering when should they get it, what would you say?

Dr. Avegno (07:28):

I would say get it now. (laughs)

Clay (07:29):

Okay.

Dr. Avegno (07:30):

There's a lot of good reasons for that. Um, we, w- we... what we've seen over the last three years - and this is no surprise - is that we have surges of COVID, whatever variant it is, in the wintertime. And that makes sense, at least in the wintertime in the northern hemisphere, because it gets colder. People are inside, in more crowded spaces. And it's much easier to transmit respiratory viruses that way. Um, with holidays coming up, you want to give yourself that extra layer of protection if you're gonna be traveling, if you're going to be with family members, particularly those who are immunocompromised. So now is absolutely the time. Uh, we do know that once you get a booster, it does take a couple of weeks for it to be at its maximum effectiveness. And boosters seem to, to have really good protection for s- at least several months afterwards. So getting it now will really carry you through that winter, holiday season. Um, you know, my whole family has gotten it so that we can be ready (laughs) for the holidays. And there, there's no time... really no reason to wait.

Diane (08:39):

Just because I'm a little curious here, and just to maybe review about maybe some terminology, when we talk about the shots, the vaccines, the boosters, so with this, Doctor, we began... w- when was it, my, my days, my dates with COVID and everything, we had the two, the series of the initial vaccine. And then came the boosters, correct? Is that right?

Dr. Avegno (09:07):

Yes, that's correct.

Diane (09:08):

Okay. So what would happen, just throwing it out there, if somebody hasn't had even the first vaccine? What do... i- is it... it's never too late, I'm assuming, to start from square one, to do the vaccines then the boosters. Is that right?

Dr. Avegno (09:24):

That, that's right. You definitely wanna get that initial vaccine series.

Diane (09:28):

Okay.

Dr. Avegno (09:29):

That's sort of the foundation-

Diane (09:30):

Yes.

Dr. Avegno (09:31):

... that everything else is, is based on. And so if you haven't had those, um, you know, no reason not to get those. What the booster is, is just sort of an updated version. But you really do wanna have that base protection first before you get the booster.

Diane (09:47):

So I've had the, the vaccine, the two, you know, the, the one-two, and then the two boosters, then eligible for this third booster. But I've had... I've talked to friends, saying, "Oh, my gosh, I'm going for my fifth booster now." And I thought-

Dr. Avegno (09:59):

(laughs)

Diane (09:59):

... what in the heck are you talking about?

Clay (10:00):

(laughs)

Diane (10:00):

See, i- it's... I know it's semantics, but people-

Clay (10:02):

Yeah.

Diane (10:02):

... get it confused in their brains.

Dr. Avegno (10:05):

Oh, it's-

Clay (10:05):

Right.

Diane (10:05):

... in their minds-

Dr. Avegno (10:05):

It's very-

Diane (10:05):

... about all these shots.

Dr. Avegno (10:07):

Yeah, it's very confusing. And I think it's been a real challenge for public health leadership to communicate because we have to be honest, we are learning about this virus as we go.

Diane (10:17):

Yes, yeah.

Dr. Avegno (10:17):

This is not a well-established virus. You know, think about what it must have been like, you know, when they started flu vaccines. They didn't really know what they were dealing with, either, and it took many, many years before they were able to settle in this yearly pattern of boosters that, for the most part, has worked pretty well to prevent major flu pandemics like we saw in the, you know, early 1900s. But with coronavirus, it's changing so quickly, and the burden to the world has been so high, that the, the desire to, to protect as much as possible led us to have several boosters whenever there was a major change.

Dr. Avegno (11:00):

What I think we're seeing now, as the acute part of the pandemic starts to wane, um, is that we're going to settle into a pattern like flu, where a yearly booster will likely be, um, the best form of protection broadly. That doesn't mean that our high risk, vulnerable, immunocompromised, elderly patients might not benefit from maybe more frequent boosters down the line, um, because their immune systems need the most help. But what I think we're gonna see is a much more regular cadence. And in that case, I think it's gonna be a lot easier to message, just like we do with flu: hey, winter's coming, time for your yearly boosters. That's flu, and that's coronavirus, understanding that there are a lot of viruses that we deal with in the winter, but these are the only ones that we have really good vaccines for. Um, and so we just kind of wanna get people more in that mindset of yearly. But it has been confusing. I, I-

Diane (12:04):

Mm-hmm.

Dr. Avegno (12:04):

... completely agree with you.

Clay (12:05):

You know, h- has, uh, some of the normalcy that has returned impacted people's view of COVID-19 right now? People are socializing more and more. Public events are happening here in Baton Rouge. Uh, you know, we are getting together again. So has that taken people away from some of the, the attention to getting vaccinated and staying ahead?

Dr. Avegno (12:30):

Yeah, I think there's just a lot of fatigue. I think, um, that people are just really tired of hearing (laughs) about COVID-

Clay (12:34):

Right.

Dr. Avegno (12:36):

... and viruses. And look, I, I, I don't blame them. Um, but I think that, if we wanna keep it this way, there's some minimum things we need to do. You know, and one of those is getting both your COVID and your flu boosters and then really, really paying attention to how you're feeling. Interestingly, what we're seeing right now, particularly in our young people, is all sorts of circulating respiratory viruses, the things like RSV and adenovirus, that we also normally see in the winter, but we're seeing them a lot earlier because, just as you said, everybody is going out-

Diane (13:15):

Mm-hmm.

Dr. Avegno (13:15):

... and spreading all the things that they really hadn't been spreading quite as much, (laughs) um, for the last couple of years. So on top of the threat of the flu season, and we know that the flu season in the southern hemisphere, which happened in our summer, was really bad, so we worry that we're in for another bad flu season. If we get another COVID surge, plus high rates of all these other respiratory viruses, that puts the same strain on our hospitals that we saw at the height of delta and omicron. And I don't think any of us really wanna go back to that. So as we're opening up, as we're doing more things, I'm certainly so grateful to be able to do more things. But I think we just need to take the minimum steps to keep it that way.

Diane (14:03):

And I think as Clay said, we're more aware of what has happened and what could happen. I mean, before 2020, who would've ever dreamt, even in a science fiction novel, about a worldwide pandemic-

Clay (14:17):

Right.

Diane (14:17):

... shutting down the world for as long as it did?

Dr. Avegno (14:21):

Right.

Diane (14:21):

But thank goodness for the brilliant minds of the scientists and the doctors and the vaccines. So my question, Dr. Avegno, is that I received a Moderna, uh, vaccine as my primary series. And there was Moderna, there was Pfizer.

Clay (14:35):

Mm-hmm.

Diane (14:35):

So for my boosters, I have stayed with Moderna. Is that always going to have to be the case from here on out? Or will it be just a booster for COVID-19 or for whatever?

Dr. Avegno (14:48):

No. And, and you can mix and match now. In fact, I-

Diane (14:51):

You can. Okay, I didn't know that.

Dr. Avegno (14:53):

... did my primary series Pfizer. And then because I had read the studies about mixing and matching, and there's really no difference between switching or staying, you know, with your original strain, and maybe there might even be a little benefit to doing one over the other.

Diane (15:07):

Oh, okay.

Dr. Avegno (15:08):

Um, so I went to a Moderna for the first booster, and then I just did a Pfizer for the second. So no, that's, that's the, the nice thing, is that really, they are all the same technology, basically. They're all the same kind of vaccine. And so it's... they're all gonna be protective. Now, I imagine that both Pfizer and Moderna will continue to make (laughs) their own (laughs) sort of brand.

Diane (15:31):

Right.

Dr. Avegno (15:31):

But that's just, like... that's the rest of med-

Clay (15:32):

Mm-hmm.

Diane (15:32):

Hmm.

Dr. Avegno (15:33):

... medicine, right? You can have a hypert- anti-hypertensive drug that has a generic but has five different brands. Um, and it's all exactly the same drug.

Clay (15:44):

You referenced maybe this becoming a yearly thing that we have to do. Is that something you, you see on the horizon for real, that we may have to get these shots every year?

Dr. Avegno (15:54):

I do. I think that that is the way, um, that the scientists are going. Um, remember, what... you know, think about... let's think about the flu pandemic in 1918, right, which was even worse in terms of the number of deaths that COVID was. Um, we didn't start yearly flu vaccinations immediately. But since we have, we haven't seen a big pandemic like that. Now, flu is still very prevalent. Flu can be very deadly. In, in bad flu years in the US, we can, you know... over 50,000 people can die. That's a tremendous number. But what we don't see are these major, major, you know, global outbreaks. So I think that's the goal with COVID. We know that COVID will likely always be with us. Unfortunately, we still have 350-plus people a day who are dying-

Diane (16:51):

Hmm.

Dr. Avegno (16:51):

... from COVID.

Clay (16:51):

Wow.

Dr. Avegno (16:52):

I think we will always, like flu, have some COVID deaths. But the goal of having that yearly protection is so we do not have another major global pandemic, because I, (laughs) I don't think anybody-

Diane (17:05):

Oh, gosh, no.

Dr. Avegno (17:06):

... wants to live through that twice in a lifetime.

Diane (17:08):

Well, and again, it gets to the point that I, I believe some people get almost nonchalant about it, thinking, "Well, it happened, it's never gonna happen again," or that "I did get my initial, you know, my initial vaccine, and I'll just every now and again get my booster." I would imagine it's pretty important to keep on a schedule, just like when we were children, to have the schedule of shots and boosters, that you have it even as an adult. You know, uh, and, what is it, an ounce of prevention is worth a pound of cure, or something like that. I might have that mixed up. But [inaudible 00:17:37]-

Dr. Avegno (17:36):

Right. And I run into this all the time.

Diane (17:38):

Yeah, yeah.

Dr. Avegno (17:39):

"Oh, I don't get a flu shot because I've n- I've never gotten the flu."

Diane (17:42):

Yes.

Dr. Avegno (17:42):

And what I tell people is, I am religious about the flu shot because I, about 25 years ago, I got the flu.

Diane (17:50):

Hmm.

Dr. Avegno (17:51):

And once you get it, you never, ever, ever wanna get it again because it's so miserable. I was lucky. I just was sort of miserable for 10 days-

Diane (17:59):

Oh, gosh.

Dr. Avegno (18:00):

... and I was fine.

Diane (18:00):

Yeah.

Dr. Avegno (18:01):

I didn't have any complications. I didn't develop the pneumonia. I didn't die from the flu. But you shouldn't... y- I would... I, I don't want others to go through what I went through-

Diane (18:11):

Right.

Dr. Avegno (18:11):

... to learn that lesson. So I say, you know, you're pretty lucky if you haven't gotten the flu yet. But one day you're going to, and you're really gonna wish you had gotten that flu shot. [inaudible 00:18:22]

Diane (18:21):

And do you really wanna leave that to chance?

Clay (18:23):

Right.

Dr. Avegno (18:23):

Right.

Diane (18:23):

You know, you don't... knowing what we know now and everything that's out there to help us, y-that's, that's almost just unbelievable. But as human beings, yeah, we're... you, you can't tell us sometimes what we need to do. You know, doggonit, I'm gonna-

Dr. Avegno (18:37):

That's right.

Diane (18:37):

... do it because like you said, I've never gotten the flu, I don't need to worry about this.

Clay (18:40):

Right.

Diane (18:41):

That's a shame.

Clay (18:41):

[inaudible 00:18:42]

Diane (18:42):

You know, when we were talking, too, about, about boosters, we automatically assume, Doctor, that we're talking about COVID-19. But from what I understand, and, and the research, that's not the only vaccine that would require a booster. Can you talk about some of the other vaccines that require boosters?

Dr. Avegno (19:00):

Yeah. Up until, uh, up until now, or up until COVID, um, I would've said that the most common booster that I give is as an emergency physician is a tetanus booster.

Diane (19:13):

Oh, sure.

Dr. Avegno (19:13):

You know, again, we all got a tetanus series when we were a kid. And the last, the last in that series, you get at about age 11. Um, every five to 10 years, though, you need that tetanus, uh, updated. And it's not just te- tetanus. It's tetanus, generally tetanus, diphtheria, and pertussis. And people say, "What's diphtheria? I've never had diphtheria." Exactly, because you've been vaccinated for it.

Diane (19:36):

Mm-hmm.

Dr. Avegno (19:37):

Pertussis, though, is a very interesting, um, disease that you don't think about, but what we're finding is that immunity to it wanes over y- the years. It generally causes respiratory disease. And the danger of not getting a pertussis booster is that even if you're a healthy adult, if you get pertussis - which you often can't really tell what it is, it's just a bad cough and you kind of feel bad - if you give it to a young child who has not had their primary series or an elderly person who has a weakened immune system, they can have very severe cases and even die. So getting that booster that you're probably not even thinking about-

Diane (20:25):

Mm-hmm.

Dr. Avegno (20:26):

... right-

Diane (20:26):

Right.

Dr. Avegno (20:26):

... um, not only protects you from getting an unpleasant respiratory illness, but it actually could be saving the life of a small baby you come into contact with or an older person.

Diane (20:38):

Now, is that what we commonly call to whooping cough, pertussis?

Dr. Avegno (20:42):

Yes, that's whooping cough.

Diane (20:42):

That's wh- okay, okay.

Dr. Avegno (20:42):

Exactly. Exactly.

Diane (20:42):

Just so people know wh- okay.

Clay (20:45):

Mm-hmm. Mm-hmm.

Dr. Avegno (20:45):

Right.

Clay (20:47):

It's interesting that, that, to, to Di's point, about all of the other diseases or viruses that require boosters. You don't hear as much about that. I mean, COVID really does dominate-

Diane (20:58):

Mm-hmm.

Clay (20:59):

... the information-

Diane (21:00):

The conversation, yeah.

Clay (21:00):

... space right now. Um, w- what could we do to, to do a better job? Or how can we improve that so people are aware of these other things that you were talking about?

Dr. Avegno (21:08):

yeah. I mean, the first is to make sure you're getting regular primary care checkups, um, because there are things that... there are other boosters that you need when you're older, like shingles. Um, many people, if you're my age, you probably had chickenpox as a kid. If you're my kids' age, you got the chickenpox vaccine, which is great. But you can still develop shingles as an adult. And again, as a physician, you know, shingles is a very, very, very painful condition. So you really... but most people don't carry, you know, a list of "what booster do I need" in my head.

Dr. Avegno (21:41):

So having that primary care doctor who says, "Oh, you just turned 50, it's time for your shingles vaccination," is gonna be that driver, I think, to get a lot of people, um, vaccinated and, and to help you arrange it and maybe even get it in their office. So having a primary care physician that you can be connected to, um, or even a pharmacist or whatever your, your provider is, they're gonna help keep you on track just like if you have kids, your kids' pediatrician kept you on track every time you brought the kid in for a checkup. They'd say, "Oh, it's time for her, you know, X, Y, and Z vaccine." And so having a partner who's gonna remind you and help you get the vaccinations is, is really the best way.

Diane (22:26):

And time gets away from us, Clay.

Clay (22:27):

Yep. Yep.

Diane (22:27):

You know, it sure does. And when you talk about everybody realizes and knows about the childhood vaccine-

Clay (22:34):

Right.

Diane (22:35):

... the series all that. But as we age and as we're reasonably healthy, it's-

Clay (22:38):

Right.

Diane (22:39):

You know, for the longest time, I thought, oh, I don't need any more shots. And all of a sudden, it dawns on you as you age and get older-

Clay (22:45):

Sure.

Diane (22:45):

... yeah, you gotta protect yourself. And to do- the doctor's point here, too, you're protecting other people. You're protecting-

Clay (22:52):

Yeah.

Diane (22:52):

... your loved ones, your family, your friends. S- yes.

Clay (22:54):

That's what I was thinking about-

Diane (22:55):

Yeah.

Clay (22:55):

... that, that it isn't just about the individual.

Diane (22:57):

Mm-hmm.

Clay (22:57):

It's everyone around you because you don't wanna... and as Dr. uh, Avegno has referenced a few times, you could pass this on to a child or an elderly person or a coworker-

Diane (23:08):

How horrible, yeah.

Clay (23:08):

... or somebody you encounter on an airplane.

Diane (23:10):

Hmm.

Clay (23:10):

So it really is just about being a, a good citizen to think, look, I'm gonna take care of myself, but not pass something onto someone else.

Dr. Avegno (23:19):

Yeah. I mean, it's just... that's what public health is, right? (laughs) It's, um, it's protecting all of us by doing very simple measures.

Clay (23:27):

Right.

Dr. Avegno (23:27):

You know, we don't dump our garbage onto somebody else's lawn because that would make them sick, right? So we've developed a system so our garbage can be taken care of. It's the same with a, with a vaccine, right? I do not want to infect my loved ones who might be at high risk, so I'm just gonna do this very simple thing. And the extra bonus is that it protects me, too.

Diane (23:50):

Absolutely. Someone who would be listening today, Dr. Avegno, and they're not sure, "Well, how long's it been since I've had, uh, the, the tetanus shot," or "W- did I have the, the pertussis," and how-

Dr. Avegno (24:02):

Mm-hmm.

Diane (24:03):

M- you can just... it's very simple. Just call your primary care physician. Call the office.

Dr. Avegno (24:07):

Yep.

Diane (24:07):

Or just run by, because they have the list. They have it in your chart. It's gonna be real easy for them to say, "Yeah, yeah, you're good," or, "Nope, it'd be a good idea." I mean, it's real easy to get access-

Clay (24:17):

Right.

Diane (24:18):

... to the dates that you need to-

Dr. Avegno (24:19):

Oh, yeah. The, the Louisiana Department of Health has a great immunization system.

Diane (24:24):

Mm-hmm.

Dr. Avegno (24:25):

Uh, my office at the Health Department takes calls all day long about, you know, "I need shot records" and that sort of thing. And-

Diane (24:32):

Right.

Dr. Avegno (24:32):

You know, and again, your primary care doc... I know that my kids always, um, are nervous when they go to the doctor 'cause they know their doctor is gonna pull up that shot record-

Diane (24:40):

(laughs)

Dr. Avegno (24:41):

... and say, "Oh, [inaudible 00:24:42]-"

Diane (24:41):

Ruh-roh.

Dr. Avegno (24:42):

"You're not, not getting out of it today." (laughs) Right.

Diane (24:45):

And, you know, and I really do appreciate what we have, you know, on our phones, our cell phones these days, you know, the Louisiana Wallet.

Dr. Avegno (24:51):

Yes.

Clay (24:51):

Love it. Love it.

Diane (24:51):

[inaudible 00:24:52] that is fabulous. All you do is show your, your history of your COVID, your vaccine, your boosters. You are good to go.

Clay (25:00):

Yep.

Diane (25:00):

That is... I don't know who came up with that. But many thanks.

Dr. Avegno (25:03):

That is the Louisiana Department of Health. And I will tell you [inaudible 00:25:05]-

Diane (25:05):

Well, God bless you for doing that. Wow.

Dr. Avegno (25:07):

... one of the few places. Oh, no, that's my colleagues-

Diane (25:10):

Oh, gosh, yes.

Dr. Avegno (25:11):

... [inaudible 00:25:11] and Dr. Kanter and-

Diane (25:13):

Mm-hmm.

Dr. Avegno (25:13):

Um, we are one of the few states that did that.

Clay (25:15):

That's right.

Dr. Avegno (25:16):

And it just makes life so much easier.

Diane (25:18):

So much easier. You are right.

Dr. Avegno (25:19):

Yeah.

Clay (25:20):

And it, it evolved. It was intended to be something else.

Dr. Avegno (25:22):

Right.

Clay (25:22):

And then the pandemic hit.

Dr. Avegno (25:23):

It's your driver's license.

Clay (25:25):

And they saw... that's exactly right. It was supposed to be for the driver's license. And then th-

Diane (25:29):

Oh. I didn't realize that.

Clay (25:30):

Listen...

Dr. Avegno (25:30):

Yes.

Clay (25:31):

What is it, uh, necessity is the mother of all learning. (laughs)

Diane (25:35):

Of invention, oh no kidding, yeah, yeah.

Clay (25:35):

So, so I think, I think, um, for us talking about that particular thing, I'm glad you brought that up, you know, I do believe it is important for us to be aware. And I, I don't wanna belabor the point. But I do, do think, Doc, telling people, look, if you don't know right now where you stand on the spectrum of boosters and shots, it is a good idea to just schedule time to check that out, right?

Dr. Avegno (25:59):

Oh, absolutely. And again, if you have a trusted healthcare provider, that's really the way to go. If you don't, there... you can find one. There's lots and lots of primary care physicians, you know, nurse practitioners, who would love to have this conversation with you.

Diane (26:15):

And it is a conversation. And it behooves everyone just to be on the same page and to know because when you're healthy, you don't need to go in and take their time, (laughs) not that there's anything... you know, because that's what you all do. But again, a- as Clay said, not to belabor the point, you wanna stay this healthy. You wanna stay away from the doctor. You'd like to s-

Clay (26:32):

Oh, yeah.

Diane (26:33):

... go in and say, "Hey, nice to see you, have nice holiday season. But I really don't wanna see you unless I see you out to dinner or at a party."

Clay (26:38):

(laughs)

Dr. Avegno (26:39):

(laughs)

Diane (26:39):

"I don't wanna be in your office" 'cause you wanna stay healthy and make sure the doctor's healthy as well.

Clay (26:43):

Listen, I, I-

Dr. Avegno (26:44):

Yep.

Clay (26:44):

... do an annual so I don't have to-

Diane (26:46):

Yes.

Clay (26:46):

... see my doctor more. (laughs)

Diane (26:46):

Yeah. And, and you do like him.

Clay (26:46):

(laughs)

Diane (26:48):

We like our doctors.

Clay (26:49):

Yes.

Diane (26:49):

But it's just like [inaudible 00:26:50].

Clay (26:50):

No, no.

Diane (26:50):

Yeah, it's, it's good because when we need to see them, we need to.

Dr. Avegno (26:52):

Well, but what's the doctor you really don't wanna see, is me in the emergency department.

Clay (26:55):

Right.

Diane (26:56):

Amen to that.

Dr. Avegno (26:56):

Then something bad-

Diane (26:56):

Yes.

Dr. Avegno (26:56):

... has really happened.

Diane (26:56):

Yes.

Dr. Avegno (26:59):

So see the doctor that you like-

Diane (27:00):

Mm-hmm.

Dr. Avegno (27:01):

... when you're feeling well, so you don't have to see me.

Diane (27:06):

And that you're comfortable with, too.

Clay (27:06):

That's right. [inaudible 00:27:07]

Diane (27:06):

You want that conversation.

Dr. Avegno (27:06):

Exactly.

Clay (27:06):

Well, talk about, uh, Doc, MyIR, the, the mobile program that exists right now.

Dr. Avegno (27:11):

The MyIR-

Clay (27:12):

The... for, for, for... to... being able to register to access immunization records.

Dr. Avegno (27:18):

Oh. So actually, that... I... that is something that I think is run through LDH.

Clay (27:23):

Mm-hmm.

Dr. Avegno (27:24):

Um, and I think it's relatively new.

Clay (27:26):

Yep.

Dr. Avegno (27:26):

But I tell you, it's, it's a lifesaver because if you're like me and you're always... it's the day before school starts, um, and you realize you haven't filled out the immunization form-

Clay (27:37):

Gotta, gotta scramble to get them.

Dr. Avegno (27:38):

(laughs)

Diane (27:38):

Yeah.

Dr. Avegno (27:39):

Exactly. So, um, it seems like this is gonna be a really good way, again, for the public just to have access just to know what their kids... you know, where their kids are, where they are. Um, so just one more way that, that the public can be on top of their health.

Diane (27:56):

And how to access that easily, too.

Clay (27:58):

That's right.

Diane (27:58):

Yeah.

Clay (27:58):

That's right.

Dr. Avegno (27:58):

Right.

Clay (27:59):

I mean, technology does serve-

Diane (28:01):

Hmm.

Clay (28:01):

... a great purpose when it comes to things like that, records you can collate keep together on your phone.

Diane (28:05):

Yeah.

Clay (28:05):

And as you referenced-

Dr. Avegno (28:06):

Oh, yeah.

Clay (28:06):

... Di, the, the Louisiana Wallet, which is a lifesaver-

Diane (28:08):

Fabulous.

Clay (28:09):

... for so many things.

Diane (28:09):

Yeah.

Clay (28:10):

And it's great. So for you, Doc, when it comes to technology like that, are you encouraging patients or people that you encounter to certain areas to get information?

Dr. Avegno (28:21):

Well, certainly, you know, the gold standard for information about vaccines, vaccine preventable disease, viruses, all that, of course, for us here in the US, is the CDC. I mean, there's really... there's a page for every disease. And I, I have used them because, you know, we get a lot of strange things coming through the ER. (laughs) So whether it's brucellosis or the flu, there's a lot of really good, well-written basic information. Um, Louisiana Department of Health has some really good information. At the New Orleans Health Department, we have good information. I think the key, though, is to stick to trusted sources.

Clay (28:59):

Yeah.

Diane (28:59):

Absolutely. Yes.

Dr. Avegno (28:59):

Um, your mom's aunt's cousin's neighbor-

Diane (29:03):

(laughs) Yep.

Dr. Avegno (29:03):

... might be a really smart guy.

Diane (29:05):

Mm-hmm.

Dr. Avegno (29:05):

But they don't necessarily have the years of expertise and have really thought about developing educational materials about a particular vaccine. Um-

Clay (29:15):

Or a medical degree.

Diane (29:17):

Th- yeah. [inaudible 00:29:19]

Dr. Avegno (29:18):

Or a medical degree, right? So while, you know, social media I think is good for creating awareness and, and, uh, you know, encouraging discussion and dialogue, it's really not where you should be going for real practical medical knowledge. You wanna stick with places that are verified. And your,

your provider might have some recommendations. They might say, "Oh, like, there's this website that I really use that I send all my patients to, it's got really good information about this."

Diane (29:47):

Oh, excellent idea, yeah.

Dr. Avegno (29:47):

So really, you've got to stick with those that you trust.

Diane (29:51):

Because we don't want that misinformation. That's what we've talked about so much on the podcast.

Clay (29:54):

Right.

Diane (29:55):

So much social media, so much misinformation. That's, you know, that's one of those catch-22s. You think that you've gone so far with getting the right information out about COVID, about vaccines, about boosters, whatever, and then you take three steps back because somebody, like you said, hears from Billy Jo's momma's daddy's brother.

Clay (30:14):

(laughs)

Diane (30:14):

And it's not the right thing, and we don't wanna do that.

Dr. Avegno (30:17):

Right. And it, it's deadly quite frankly.

Diane (30:18):

Yeah, it is. Yes, it is.

Dr. Avegno (30:19):

And I have watched the results of people dying because they were misinformed. And I just... I would never want that for anyone.

Diane (30:27):

No. No.

Clay (30:28):

Doc, have we left anything out? Is there anything we haven't covered about getting boosters, who should get them, how soon?

Dr. Avegno (30:35):

Yeah. I think, you know, again, now is the time, um, if you wanna have the, the safest, healthiest season that you can, knowing that everybody's gonna be going out to parties. Um, you know, and it's COVID and flu, and you can get on the same day if you wanna get them on the same day. You can get them on different days if you wanna get them on different days. Um, but just get them because no matter what, they're going to reduce your chance of getting the viruses. But, you know, we know that even if you do get the virus, if you have that booster, you're gonna have a much, much easier time with it, compared to folks who did not. Um, but, you know, there are other viruses out there, so you still wanna keep in the back of your mind, if I'm going to a huge party in the height of winter and everybody at work is sick, I could still put on a mask, right?

Clay (31:33):

Yeah.

Diane (31:33):

Yes. Yeah.

Dr. Avegno (31:33):

I could still take precautions. If I'm not feeling well, I maybe... again, I'm gonna skip this one, right, uh, because we all have a small role to play. So, so we can't forget every... we have so many things in our toolbox now that we didn't have at the beginning of the pandemic.

Clay (31:50):

Right.

Dr. Avegno (31:50):

Vaccines are critical, and they're important. But we also can't forget the other things.

Diane (31:55):

And you know, I'm a list maker. I like to make a list. And when you put that, you know, your personal health, your, uh... what you need to do to make sure that you do have a successful fall and winter season, you get your shots, you talk to your doctor, whatever, you feel so empowered, you know, Dr. Avegno-

Dr. Avegno (32:12):

Yeah.

Diane (32:12):

... when you can check it off, I've done that. And then you don't have to think about it anymore.

Clay (32:15):

That's right.

Diane (32:16):

Clay, it's done.

Clay (32:16):

That's right

Diane (32:17):

It's done and done. It's behind you. And you're doing the best you can to stay proactive about your health.

Dr. Avegno (32:22):

Yeah. I'll tell you, my family, we went on a weekend trip to New York a few weeks ago, and so I made sure we got, you know, all of our vaccines two weeks before we went. And I was... I felt so good while I was there because it was bustling. It was crowded. The subways (laughs) were packed. But I thought, you know, I have prepared-

Diane (32:39):

Mm-hmm.

Dr. Avegno (32:40):

Uh, we have... we are ready for this. We're all healthy. We're, you know, we're boosted. And we had a really great time because of that. If I hadn't, I would've been really nervous about getting onto a subway train with, you know, 50 other people all around me.

Clay (32:54):

All right, ladies and gentlemen, Dr. Jennifer Avegno. We appreciate the time, Doc. You've been so amazing, and the information has been wonderful.

Dr. Avegno (33:03):

Well, thanks. It's been great to be with y'all this morning.

Diane (33:04):

Thank you, Doctor. We appreciate you so very much.

Clay (33:08):

Well, again, Dr. Avegno, we thank you so much for being on with us. And listen, ladies and gentlemen, if you would like to learn more about MyIR mobile and how you can access your immunization records online at any time and for free, visit myirmobile.com. That's M-Y-I-R-mobile.com. And thanks again for listening to another edition of Vax Matters.