

Episode 1 – COVID Vaccines

With Dr. Joseph Kanter

Diane (00:00):

Hi there, I'm Diane Deaton.

Deon (00:02):

And this is Deon Guillory. Thank you for joining us and welcome to Vax Matters.

Diane (00:14):

Hi, welcome to Vax Matters. The health-focused podcast created to give you the real facts about immunization. In case my voice doesn't sound familiar to you, my name is Diane Deaton. Many of you will know me for my years of broadcasting weather forecasts for WAFB Channel 9 in Baton Rouge, Louisiana before I retired at the end of 2020. Obviously, that didn't last too long since now I'm host of this new podcast series from the Louisiana Office of Public Health. And joining me on this informative journey about vaccines is a fellow broadcast journalist and guest host, Deon Guillory.

Deon (00:54):

Yeah. Thanks Diane. I just want you to know I'm excited to be here with you and I'm excited to take this journey, uh, of facts about Vaxes. And with a last name like Guillory of course, you're from South Louisiana. So I am a Louisiana guy who grew up in Opelousas, have family in Baton Rouge, Lake Charles, Lafayette, you name it, I have a family there. Uh, all the Guillory's are just one huge family. Uh, I went to school in New Orleans. Uh, since then I've worked at television stations all over the country, as a producer, reporter, a news anchor, including some time in New Orleans right after Hurricane Katrina. And I can say that being there as part of that team, working after that storm really shaped me as a journalist I'm excited to explore vaccine history and dispel vaccine myths and of course get down to the facts.

Diane (01:42):

And we do have a very interesting road ahead of us. Over the next year, our series will travel from vaccine past to present, diving deep into immunization questions from every angle. We'll be talking about the first vaccine ever created, the polio epidemic and onto the present day when we will address misconceptions, discover the truth and explore how vaccines have played a huge role in protecting our populations against diseases through the centuries. Will also be discussing where vaccines are headed, including new types of vaccines being developed that we have not yet seen.

Deon (02:21):

Well, without further ado, let's introduce our topic for this first ever episode of Vax Matters. I'm very excited about this. It's a topic that has been in the back of our minds for the past two years, COVID-19.

Diane (02:33):

Oh, boy. That's right Deon. And in this episode, we're taking a deep dive into the coronavirus pandemic with none other than Dr. Joseph Kanter, the State Health Officer at the Louisiana Department of Health. Dr. Kanter, we are so very appreciative of you joining our show today and taking the time to be with us.

Dr. Kanter (02:53):

Thank you. It's very nice to be here.

Diane (02:55):

To start us off, can you walk us through how this pandemic has evolved in the two years since COVID was declared as a pandemic?

Dr. Kanter (03:06):

Absolutely. I, and you know, I, I'll know, I know this is being recorded in advanced we're actually, uh, two days, uh, from our two year anniversary to our first case in Louisiana. We had our first diagnosed case of COVID on March 9th, 2020 and man have our lives changed since that point in time. We've had now five successive waves or surges of COVID. The first one that initial one back in March um, and then up to the most recent one our Omicron surge of which we're just now, uh, returning to baseline. I'll tell you, um, it's time and COVID is a strange thing.

Dr. Kanter (03:51):

And, and, and things either last a long time or a little bit of time but it's hard to remember all the details of that initial surge back in March but it was terrifying. Uh, particularly around the New Orleans area where the surge was really focused. And people might forget this but there were two weeks in the middle of March 2020. When we had the fastest growing outbreak to date in the world faster than Italy, faster than South Korea asked for the Wuhan China itself.

Dr. Kanter (04:23):

And this was all following, uh, a couple weeks after Mardi Gras and conventions. And we had some cases from cruise ships as well. And folks will remember we did not have enough testing. We had no therapeutics, we didn't have enough testing. We didn't know at that time, how to best treat these patient in the hospitals. And there was a point during those two weeks of rapid growth, when we were projecting that the number of COVID patients needing hospital beds would exceed our capacity by an additional 1000 every week.

Dr. Kanter (04:58):

That led the state to build very quickly a field hospital in the Convention Center in downtown New Orleans that was done with the assistance of the National Guard. It was a, it was a great success. It was stood up in 10 or 11 days. Thankfully we never needed the whole capacity. It was scoped out to go up to 3000 beds in there if we needed it to and God bless, we didn't need anything close to that. But we didn't know what we were really dealing with.

Dr. Kanter (05:26):

We had no way to really model in an accurate way. Thankfully, we have come a long, long way from that initial surge. And now as we're coming down from this Omicron surge again, our fifth surge it's night and day. We have wide and easy access to vaccines. They go down to five years of age, I think in time they'll go below that. We have an increasing arsenal of therapeutics medicines people can take to treat them when they get sick with COVID so that we reduce the morbidity and mortality.

Dr. Kanter (05:59):

We have better access to welling quality masks. You couldn't get a high quality mask in those early days. You, even doctors in hospital couldn't get the high quality masks and other PPE that they

needed. Now, anyone can get a high quality mask if they needed, so they can take extra measures to protect themselves.

Dr. Kanter (06:18):

And you know, of equal importance we have a much deeper understanding of the virus. Of how it spreads, of who's at risk, of what it does and also how to treat it. So on the heels of this first 24 months, I think it's important to reflect on the profound loss and sacrifices, both big and small that we have suffered. You know, we're pushing on 17,000 deaths in Louisiana almost a million nationwide. It's also important to reflect that I do not think the next 24 months have been like anything like this prior 24 months. And I think we all gonna be thankful for that.

Diane (06:56):

Indeed and you know, I think in the beginning, Dr. Kanter, it was just so hard to wrap your brain around what was happening. Because you know, here in America, we're just so used to, okay, there's gonna be a quick fix this is gonna be over. Cause I know for one personally, when this came out, you know, March of 2020, I thought, okay, well we're gonna have a little disruption of life and things are gonna go back to normal. I'll cancel my vacation now for the time being, everything's gonna be back to normal at the end of summer or in early, in early fall.

Diane (07:30):

And then I kept kind of getting these emails from the people that I worked with saying, "We may be in this for the long haul." This may be more than just a few weeks or a few months. And I thought, no, no, there's no way this is going to happen. But that's what you were saying. This is just, it's been incredible but the strides we've made looking back now we can look back on that. Very proud of what we've done and where we've come.

Dr. Kanter (07:54):

Yeah, no question. Um, and you know, we do emergency preparedness and response very well in Louisiana we unfortunately have a lot of practice at it. But the time course as you know is very different. We're used to responding to weather events that have a real short acute phase and, and then a recovery or rebuilding phase. And again, we have a lot of, a lot of expertise that we've been masked with that. This was a very different endeavor. The time course was very protracted. It came in waves. It still is coming in waves. You know, to be clear, I think Louisiana responded very well particularly because of our emergency preparedness background and expertise.

Dr. Kanter (08:35):

And we were much better positioned than many, many other states, particularly the earlier days when we had systems in place that helped us where other states had to go and invent that. And build it on the fly we had relationships already made because we go through these drills all the time.

Dr. Kanter (08:51):

But you know, I'm thinking about our team at the Louisiana department of health and we've got whole teams of people who have been sprinting now for 24 months. And, and that really takes a toll on the team. It, it's, it's not sustainable so I do think the onus is on us to be thinking now, as we're at this two year mark, you know, how do we transition to a more sustainable response? How do we match the threat of COVID which is less but not zero? Um, and do it in a way that minimizes disruptions, both for us on health department but more so for people in the community.

Deon (09:29):

Yeah. I remember those early days of how Louisiana's response to the, uh, cov-, COVID pandemic. When, you know, there were so many unknowns but the way Louisiana responded was an example for other states that they, those other states that were trying to figure out how to respond to. They emulated what we did and of course, Dr. Kanter there were challenges in those early days of COVID. What would you, what would you say were the biggest challenges that we faced leading up to the authorization of the vaccines?

Dr. Kanter (10:03):

Yep. I think the general unknown was, was probably the, the biggest challenge. There, there was no roadmap, you know, the closest thing we have to anything like this was over a 100 years ago. So there's no applicable roadmap and the, the unknown filtered down in many different aspects I'll just give, you know, an account clinically in the hospital. When we were treating the early COVID patients that came in, this is in the middle of March, 2020 we thought that the best thing to do was to put them on ventilators early so that they don't get tired, they get exhausted.

Dr. Kanter (10:38):

And we thought that would, would help. We were dead wrong about that. We learned through that experience that you actually wanna wait and, and preserve ventilation until the last minute and use non-invasive ventilation strategies. But the, s-, the critical care strategies that the country is, is now using were developed. And first identified by docs in New Orleans. By critical care docs in New Orleans, we were on the very leading edge of that surge.

Dr. Kanter (11:07):

And we've been on the leading edge of a couple other surges going back since then. I think we've been able to glean benefits that have helped the rest of the country respond. But it was very, very challenging on us going up towards the rollout of the vaccines. And, and I, I viewed the vaccines as a real inflection point in this pandemic response, you know, e-, e-, extended true ability for someone to protect themselves and their family.

Dr. Kanter (11:32):

There was a lot of confusion. There was a lot of mixed messaging. Um, I think wrapped up in there was politics and people trying to, uh, take opportunistic shots. And the politicization of this pandemic is a whole nother topic that's worthy of getting into. At the end of the day, though it was all made worse because the supply of the vaccines was very, very limited. Particularly in those early couple months and we were having to make incredibly challenging triage decisions.

Dr. Kanter (12:04):

And these are decisions no one wants to have to make. Do you give vaccines to nursing home residents who are probably at the most risk of death if they get COVID? Or do you give them to healthcare workers who might be at the most risk of exposure to the virus? Or do you give them to teachers who are on the front lines while we're trying to reopen classrooms? No one wants to have to make these decisions. There's no right answer. It was very hard to make those and do so in a way that wouldn't jeopardize public confidence in the process.

Diane (12:33):

And that was, I think the bottom line, Dr. Kanter, there was just so much information. And we have talked a little bit about just the fear factor that people had, just not knowing what was coming next and how, how to prepare for it.

Dr. Kanter (12:54):

Yeah, yep I think that's right. And, um, this, this pandemic has been unpredictable and it's been very humbling for anyone who's tried to predict it. There's, there's no question that, um, very few people anticipated how long this pandemic would stretch on. You know, you know, when the vaccines were first coming out, we were doing calculations of, okay, if it takes X number of months to produce this number of vaccines, and then we'll get to, you know, some percentage of vaccine coverage by this date and that all confer herd immunity and for a number of reasons that just did not turn out to be true. Um, this pandemic has come in waves. There, there is historical precedent for that, but I don't think that we were prepared, certainly not in those early days to recognize how long of a haul we would be in for this.

Diane (13:48):

And I know that we've had the vaccines they've been out for quite a while. We've got the, the Pfizer, the Moderna, the Johnson and Johnson but there are differences between the vaccines. Is that correct Dr. Kanter?

Dr. Kanter (14:00):

Yeah. Yeah, absolutely. Um, and, and I'll say you right off the back that the Johnson and Johnson vaccine because new data has come out is, is largely falling out of favor. And it, it's just not as robust as the two mRNA vaccines the Pfizer and the Moderna vaccine. We even don't recommend it anymore unless there's a reason why someone can't get the Pfizer or the Moderna vaccine.

Dr. Kanter (14:23):

So those are the first two choices right now. It's a relatively new platform, this messenger RNA or mRNA platform but not, not entirely new. Um, there was a lot of work put in after the SARS pandemic. Um, to develop a vaccine to a coronavirus in parallel to that, there's been a lot of study on using messenger RNA as a therapeutic for some type of cancers and some other treatments. And that's been going on prior to COVID as well.

Dr. Kanter (14:54):

Those two efforts combined to allow the technology for mRNA to be ready really just in time for this. Um, it's a very good vaccine platform. It's, it's much safer than a lot of older or more traditional vaccine platforms. It has actually a very good safety profile you wouldn't think that if you listen to some of the news coverage and some of the social media posts out there. But it actually is a very, very safe vaccine compared to other ones in the past.

Dr. Kanter (15:22):

And one of the really nice things about this messenger RNA platform is it's rather malleable. So as new variance come up or, or even new viruses that we have to respond to these messenger RNA vaccine platforms can be adapted or, or reprogrammed to that specific variant or that specific virus much quicker and developed much quicker than traditional vaccines. And that's gonna help us respond quicker in the future.

Deon (15:50):

And, and I know you, people have come to know the vaccines by name of the companies that, uh, put them out. Um, Pfizer changed its vaccines name. And why did that company do that? And is it really common for vaccines to have their names changed?

Dr. Kanter (16:13):

You know, it's common under this particular authorization pathway, which is the emergency use authorization pathway. You know, typically it takes one, two, three sometimes more than that years for a product. Whether it's a vaccine or a medicine to be brought to market and there's a lot of bureaucratic work that goes into that. That's clearly not tenable in an emergency. So the FDA has an emergency use authorization pathway that allows a product like these vaccines to be brought to market quicker. Not skipping any of the safety steps, not skipping any of the large clinical trials that prove it's safe and effective.

Dr. Kanter (16:52):

And to be clear, these vaccines have undergone large, large trials phase one, phase two and phase three trials, just like any other medicine would. But skipping some of the paperwork and the bureaucratic work so under this emergency use authorization framework, which the vaccines use, the companies actually are prohibited from doing direct to consumer marketing.

Dr. Kanter (17:12):

So there's not much in it for them to, uh, give a fancy brand name. So that's why they were really known by just the company name Pfizer or Moderna. You know, once these vaccines did receive full FDA approval, which is the gold standard seal of safety and efficacy worldwide and both Pfizer and Moderna have received it now. Then they introduce their fancy marketed brand names like COMIRNATY and Spikevax, which sound a little bit strange to be honest with you. (laughs)

Deon (17:43):

Yeah they do. (laughs)

Dr. Kanter (17:43):

You know, they'll now they're legally allowed to go do commercials and, and marketing, and that's what those names are for. But I bet you people still call which is Pfizer and Moderna vaccine for a little while. (laughs)

Deon (17:55):

And that's what I was gonna, I was gonna ask you because you know, these names are, are there because of the process of, with the FDA and everything. Will they catch on or will, you know, a Joe blow, you know, around the corners is gonna say, "Oh, I gotta go get my Pfizer vaccine."

Dr. Kanter (18:14):

I, I, I would bet you, they still say Pfizer and Moderna. I mean, the names, the names don't sound terribly catchy to me but um. (laughs)

Diane (18:22):

It's easy to roll off the tongue too, to say Pfizer and Moderna than some of these, the Spikevax and the other holy cow that's kind of hard to remember.

Dr. Kanter (18:28):

Yeah. It's kinda hard to remember. You know, I, I, I will say this about these companies. I mean, and I'm not, um, I think there's a lot of criticism for the pharmaceutical industry in general. And there's a lot of pharmaceutical practices, particularly their pricing on various medicines that I take big, big issue with. But the development of these vaccines in the time course in which it was accomplished without compromising any safety measures without compromising the development and the trial process is one of, if not the most miraculous scientific achievements of our lifetime.

Dr. Kanter (19:07):

To have a vaccine develop from start to finish with full safety and efficacy testing in less than a year from the time that this virus entered this country is nothing short of miraculous. And I really do think these companies deserve a lot of credit for helping us save lives. You know, we, we would lost 1000s and 1000s of more lives in the second year of this pandemic if we had to deal with it without the tool of these vaccines.

Diane (19:40):

And, you know, a lot of people talked about, you know, back in the day, the Spanish flu. What and that was back when in the early 1900s I believe. Did this pandemic, were there some similarities to that as well Dr. Kanter?

Dr. Kanter (19:55):

There were a lot of similarities more than I think we're, we're comfortable with. To be honest with you, you know, the, the, the flu of 1918 also came in waves, a number of waves. It was also underestimated by nearly everyone at the time. And it's interesting to talk this because one of the foremost experts on the history of the 1918 influenza is the Louisiana guy.

Dr. Kanter (20:20):

It's professor John Barry from Tulane, uh, and he, he's written the definitive work on it, which is a great book, uh, The Great Influenza. But he talks a lot about how in the middle, and maybe even in the third quarter of the 1918 influenza. Which lasted more than one year by the way, it stretched into 1919, 1920 multiple people at various steps, prematurely assumed it was over. And that's the same thing that happened with COVID. People were now were, you know, back to the initial days, there were proclamations that it would be over by Easter of 2020.

Diane (20:56):

Right, yeah.

Dr. Kanter (20:57):

And then-(laughs)

Deon (20:57):

I remember that.

Dr. Kanter (20:59):

Nearly every surge after that, again, had five surges here and nearly every surge after that, there was voices saying, "Okay, this surge was so big. We had so many exposures. It's clearly over, you know, we've had enough exposures, there's herd immunity, it's gonna be over." Uh, but the virus humbled them very much in the same way that, that the great influenza, you know, in 1918 did.

Dr. Kanter (21:20):

Um, there was a note of caution in there that, you know, this Omicron surge that we're just now recovering from, was the largest in terms of number of people getting exposed, um, really every measure, it, it, it exceeded previous surges. I do believe that, that's, this is the most acuity that the most morbidity, mort-, mortality, that, that we will have that, that, that, that, that was the worst of it. But that's far from certain, that we do have to be ready to respond aggressively if need be to future surges.

Dr. Kanter (21:54):

There is, there is no doubt that this pandemic is not over, you know, we're transitioning to a different phase of it. But if people think that it's over, just because we are able to roll back mitigation measures now that's a fallacy and that might put them in jeopardy.

Diane (22:09):

That's wishful thinking too, isn't it Dr. Kanter?

Dr. Kanter (22:12):

Very much wishful thinking. You know um, and there's a lot of discussion nationally now about, is it the right time to roll back these mitigation measures? And I do think it is, you know, numbers are very low right now. We've come down from this big surge numbers are low and I think it's safe. It's certainly a safe to do so and I think it's appropriate to give people as much normalcy back as is prudent. That said we can have another surge I, I think there'll be another variant.

Dr. Kanter (22:39):

There'll be multiple more variants. And if another surge jeopardizes the state puts the ability of our hospitals to provide acute care at risk. Then people need to be to ready to re-institute mitigation measures. If that becomes a necessity, I don't know if it will or not but no one is ringing the bell and saying game over we're done.

Deon (23:00):

Yeah. I know you mentioned, you know, the, the, the idea that people are thinking that, Hey, the pandemic is over. And you, you did mention that we're moving into another phase or we transitioning into an endemic. And if for those who don't know, what is that?

Dr. Kanter (23:14):

So, you know, an endemic and, and I think epidemiologist would take issue with characterizing our next phase as an endemic. But, but, you know, know an endemic is a more stable, uh, steady state, essentially of a pathogen of a virus or whatever else, um, might be out there. And, um, it doesn't mean that it has gone away. And it also doesn't mean that it's no longer causing people to get sick or causing people to die.

Dr. Kanter (23:44):

And that's an important distinction here because, um, as we transition to what can be described as an endemic, there still is gonna be sick individuals. There still is gonna be death in this. And I think we need to be having a discussion about how much death we're comfortable with versus, you know, how much disruption we're comfortable with. And that's not gonna be an easy conversation. And then the answer can be easily be different for different people.

Dr. Kanter (24:10):

It's an, it's an adult conversation that has to happen. But ideally we will avoid these large surges that disrupt life. You know, it's um, in each of these surges, our hospitals in Louisiana came to the absolute break. There were a handful of states in the country that had to enact crisis standards of care at various points of this pandemic. That means docs and hospitals deciding who gets a bed and who doesn't real, um, apocalyptic draconian measures there. We ever had to do that in Louisiana but we got real close, much closer than I'm comfortable with, you know, with an endemic it's more steady.

Dr. Kanter (24:54):

It's less of these violent ups and downs and it's something that's more manageable without disruption. I think we're in the process of transiting to that right now. And to be fair it's an awkward process. It's an awkward process, cause there's not a real roadmap to it. And we might have to take steps backwards in that process but we're living through that in real time right now.

Diane (25:16):

I have to admit to you Dr. Kanter, the first time I heard the word pandemic, I truly, I, I thought, what does that mean? What does that include? Why are we, why are we hearing that word now? I honestly, I didn't have a clue how wide the scope was when you're talking about a pandemic.

Dr. Kanter (25:36):

Yeah. I, I don't think anyone really did because we've not really experienced one like this and in over a 100 years.

Diane (25:43):

Not in our lifetime, no.

Dr. Kanter (25:45):

No lifetime. Yeah. And you know, images of 1000s of makeshift hospital beds being erected in the Convention Center, images of National Guard members and Military Fatigues helping care for patients in hospitals. That's the stuff of movies.

Diane (26:02):

Exactly. Yes.

Dr. Kanter (26:03):

But the, but the, not anymore. This is, this is, what's been happening the past two years here.

Deon (26:07):

Yeah. You think of movies like, you know, Outbreak or Contagion.

Diane (26:10):

Right.

Deon (26:11):

You know, those movies show those-

Diane (26:13):

The fiction. Yeah.

Deon (26:13):

Fiction of it. But, you know, um, that was the reality that we were living around.

Dr. Kanter (26:19):

Yeah. That there was, and, and I'll tell you, I mean, despite the noise, despite the politics around the whole thing and despite, um, all the confusion and there was a lot of it, I think Louisiana responded exemplary to this. I think people banded together. I think there was a common mission it certainly was not always clean and it wasn't without controversy and conversation. But this is a generation defining event in the same way that World War II was.

Dr. Kanter (26:49):

And the, and, and the Great Influenza of 1918 and in that context of what we were up against and still are up, up against, I am, uh, amazed at how well and, and how proud I am, of my fellow Louisianans for what we've endured and what we've managed to achieve throughout the course of this.

Diane (27:07):

Yeah.

Deon (27:08):

And that's a great point. I'm sorry, Diane. That's a great point because you know, you always have those conversations with, with friends and I've had those recently with mine, you know, you used to be, where were you on 9/11? And now the conversation is, do you remember where you were heard about the first COVID case or, you know, something like that. So that it is truly, you know, mind boggling of how something like this is really, you know, can be compared to how it changed lives, uh, like a war. This is, you know, we were in a war on COVID and so that's, that's what this is.

Dr. Kanter (27:43):

Yeah, very much. I, I remember the day, March 9th, 2020, when we found out about our first case, I, I remember that day, like it was, it was yesterday. I had actually just, um, my wife was gonna be stationed in, uh, Rural Georgia for a training. And I was, uh, coming up there with our young daughter (laughs) um, who's still an infant, um, to, to work remotely for a week so I could be with her. And, uh, landed up there Sunday night, found out about the case Monday morning on the ninth and hopped a plane back that afternoon. And, and I don't think we slept more than a couple hours a night

for the insuring three weeks. Um, it was nonstop and, and the scariest part was our numbers were going up sky high, and we had no idea when that curve would turn.

Diane (28:29):

Yeah. But I have to tell you Dr. Kanter and what I appreciated our leadership here in the state. So calm, there was nothing that, that even, even in your mannerisms with the, the governor and the governor himself. There was nothing that was, that would throw anybody into a panic. And the way you presented everything it was fact, it was fact it was a calm demeanor. And that's what people need to hear. You're our leaders we need to hear from you.

Dr. Kanter (29:02):

I, I appreciate you saying that. Um, I'll tell you it's, um, we have been so fortunate to have governor Edwards during this time. Uh, if, if there ever was a man made for responding into crisis like this, it's him. He's, he's so cool, under pressure. Um, he's pragmatic, rational, um, science based, uh, evidence driven, but also with a deep, deep compassion for people across the state. And that drives his decisions. Um, he, he, I think he was exemplary in how he, how he steered state government through this, again, no roadmap for this. Um, and he did so exceedingly well, I'm so grateful that we've had him leading cuz I, I think we responded better because of the leadership he provided.

Deon (29:50):

And that leadership came into play in, you know, during this pandemic, remember we had several hurricanes during that, during this period of time too, uh, in the last two years. So, you know, you, you have a, a pandemic on top of these natural disasters too.

Dr. Kanter (30:06):

Oh, that's right. I almost forgot about those multiple, multiple name storms during that time. And, and, and two, two very big ones, Laura and Ida that, that hit while we were having surges. And, you know, we had to do our typical hurricane sheltering in a COVID environment. We had to prioritize non congregate shelter. We normally, we, we first and foremost shelter people in Convention Centers and auditoriums and gymnasiums and, and so forth.

Dr. Kanter (30:32):

We had to shelter people in hotel rooms because we didn't want to exacerbate the COVID surge that we were in at that point in time that's never been done before. Um, we were responding to, you know, multiple, multiple emergencies at the same time. There's really not a lot of states. I think that can do that but it's something that, that we, um, that we do quite well here.

Diane (30:55):

And we need to be proud of that.

Dr. Kanter (30:56):

Yeah.

Diane (30:56):

And we need to take that as an example, as you said, for the rest of the country and not, you know, and it does define us to a degree of what we can do. And what we have done to learn from the past and go forward that no matter what's ahead we are going, we're going to do well.

Dr. Kanter (31:15):

Yeah, yeah, yeah. I think so. You know, we, you know, we've had tragedies in the past, but we've learned a lot from them. And you know, a lot of the things that enabled us to respond well and particularly early in COVID were built in response to what we learned after Katrina. And I'll give one example of that. Uh, we have a state of the art hospital communication system that was built in the years following Katrina. Um, we can either at our command center or remotely log in and have real time visibility on how many hospital beds are filled or open at any hospital in the state real time point in time counts.

Dr. Kanter (31:55):

And that's clearly a benefit in a hurricane because if you have a evacuate a hospital and move patients, you know, immediately where the availability is very few states have that capacity. It came into, it came in handy in the early days of COVID where we were projecting at what point we might exceed to run a hospital capacity and trying to respond to that. Other states had to build that capacity throughout the pandemic. We had it at the onset specifically, not just because of what we've endured in the past with hurricanes, but what we've learned from them and how we've built better.

Deon (32:27):

And, and at this point in the pandemic, you know, depending on how old you are and what your, uh, job description or what your job is, you've had access to the vaccine for more than a year. Um, and you know, parents are always thinking about the best thing for their children, you know, and moving forward with this and is the COVID vaccine safe for children, Dr. Kanter and also on top of that, is the FDA going to authorize a COVID vaccine for kids under five?

Dr. Kanter (33:01):

Yeah. So the first part of the question it is it's, it's very safe for children, particularly when you compare it to other vaccines and historical vaccines. The safety profile of this vaccine is excellent. That is a myth that kids are immune bad complications from COVID, um, that's not true. To be clear, kids typically do well with COVID the, the, um, the older you are generally the more severe your COVID is gonna be on average, but that's not an average. I mean that, that's not a guarantee for everyone that's just an average.

Dr. Kanter (33:33):

We've had 21 kids die of COVID we've had many, many more be hospitalized. We've had over 300 suffer with multisystem inflammatory syndrome in children, which typically puts them in the ICU. Those are not insignificant numbers. So while on average kids do well, that doesn't mean that your kid is guaranteed to do well.

Dr. Kanter (33:51):

And, um, any kid that dies is, is, is one too many. So I strongly recommend the vaccine for, for kids down to five right now. I will say though, I mean, it's, it's appropriate and understandable for parents to have questions. This is our, these are our kids. We wanna do, do the right thing for them. We wanna make sure we're not doing anything that's gonna put them in jeopardy. So I, I it's, it's normal for parents to have questions. What I would ask parents to do is get your of questions answered by someone who knows what they're talking about.

Dr. Kanter (34:22):

Um, first and foremost, your kids' pediatricians. Have the conversation with your kids' pediatrician. If you've not yet got your kids vaccinated, um, at least, at least have a conversation about it with your, with your pediatrician that's the best thing to do. Um, in terms of what's gonna happen with kids below five, uh, Pfizer right now is going back and they're studying, uh, a new, um, dosing interval.

Dr. Kanter (34:47):

And the third dose in that age group, they're trying to hit the sweet spot between having a, uh, a dose and, and the dose they're using is a 10th the size of the adult dose. They want to hit that sweet spot so that they have a dose that's not big enough that it gives kids undue side effects. But also not too small that it doesn't elicit the proper immune response to actually do what the vaccine has to do and create immunity, create protection. So to get that right sweet spot, they have to do trials. And they're still in the process of those trials. What gives me comfort in this process?

Dr. Kanter (35:20):

And again, there is, um, we thought it might have been authorized a couple weeks ago and, and the data wasn't there. So the FDA hit pause and said, let's wait longer. To me, that shows that the FDA is following the signs and following the data on this. And at the end of the day, if you're a parent, that's what you want. You don't want this decision to be rushed. You don't want the FDA to give authorization until the data shows that it's safe and effective.

Dr. Kanter (35:48):

And that gives us all confidence in the process. So I think that, um, we'll probably get there within a couple months of having vaccines available for kids younger than five. But, um, the more important thing than that timeline is making sure that the data shows it's safe and effective and we don't wanna rush that process.

Diane (36:06):

So Dr. Kanter, tell me what we're hearing more about the antiviral COVID pills. What is that and who, who can it help, how can it help? Uh, I, I, I really don't understand that would you, would you kind of explain that to us?

Dr. Kanter (36:22):

Yeah. And this is one of the things that's gonna allow us to endure future surges without having, uh, so much suffering and hospitalizations and so much disruptions. There are now pills that can treat COVID similar to how Tamiflu treats the flu. There's one pill by Pfizer. There's another pill by the company Merck. Then there'll be more down the road. And, uh, it's taken, um, for a few days, maybe five days, total-

Diane (36:50):

Really?

Dr. Kanter (36:50):

And, and it helps, helps prevent someone who has mild symptoms from getting severe symptoms. If they're out of the hospital it helps keep them out of the hospital. They need to be prescribed by a doctor like every medicine out there, there's risks and benefits. And some of these pills have interactions with other medicines. Somebody might be on doesn't mean that you shouldn't take it. It just means it's a conversation with your doctor to see if it's right for you.

Dr. Kanter (37:18):

Um, point being here, if someone becomes infected with COVID learns their positive, they should, as quick as they can have a conversation with their doc, they shouldn't delay that. Because the pills might be right for them might be able to help them. And if it is right for them, the earlier you take these pills, the greater they're effectiveness is. They're much more effective if you take it within a couple days of being infected than, than if you take it five or six, seven days down the road, much, much more effective.

Dr. Kanter (37:47):

So in this new world of having better tools to fight back against COVID, the underlying message is once you find out that you're positive, um, particularly if you have any risk factors, particularly if you're older or have significant medical conditions, particularly, um, you need to have a conversation with your doctor ASAP because if these pills are right for you, they work so much better the earlier you can take them.

Deon (38:12):

Now, are these the same antiviral COVID pills where the plan is that if someone goes to a pharmacy and they test positive for COVID, that they were able to have access to the pills right then and there?

Dr. Kanter (38:24):

They are.

Deon (38:25):

Okay.

Dr. Kanter (38:25):

And that's gonna more become the case as the supply of these pills increase. It's still somewhat limited. They're relatively new, just like the vaccines, the supplies gonna increase in time. The Biden administration is rolling out a program called The Test To Treat Initiative, where they're gonna have clinics set up in pharmacies across the country that will offer testing. And those pills kind of a one stop shop. The availability of that's gonna only increase as supply increases.

Diane (38:54):

So the pills are a definite, you know, in this war against COVID and the pandemic, this is a huge tool now, Dr. Kanter.

Dr. Kanter (39:03):

It's a huge tool. It's a, it's a huge tool. And you know, if you think of it this way COVID is not gonna go away. There was the hope at the very onset of this pandemic that we would eradicate. That's, that's a pipe dream now, we're, we're not gonna eradicate it's too prevalent. Um, it's gonna be with us for a long time. Just like other viruses are just like influenza is. But every tool we have increases our ability to live with this thing without having it be a mass disruption in our lives, without having to shut things down or require, you know, people to wear masks and, and so forth.

Dr. Kanter (39:38):

And the orals, the medicines are a big part of that. Because if you can treat it and prevent someone from needing to go to a hospital or prevent them from getting sicker, the virus itself becomes that much more manageable of a thing.

Deon (39:53):

I think that kind of goes with and I believe Dr. Kanter, I've heard you say this before, and some of your, uh, medical colleagues that we may be done with COVID, but COVID is not done with us.

Dr. Kanter (40:02):

Oh yeah. That's been the case the entire two years. And COVID is in charge. So we can respond and prepare the best we can, but COVID is in charge. And again, you know, COVID is not going away. What's changing is our ability to manage it, our ability to treat it. That doesn't mean that there might not be some period in the future where we have to take a step back. And, and anyone that guarantees against that is blowing smoke. Um, there's going to be more variance.

Dr. Kanter (40:32):

There are very likely it could be another surge. I don't think there'll be a surge to the, the, to the degree we just had. Particularly because of all the things we have now and all the people who are vaccinated and all the people who have a degree of protection, because they had COVID themselves, all that is cumulative. But I've been humbled many, many times in this pandemic, all we can say is we will be prepared to respond, to protect human life if we need to but we certainly hope that we don't have to.

Diane (41:00):

And that's not to say that there couldn't be another booster down the road or that, you know, a lot of people were speculating that maybe this will be like the flu booster or the flu shot that we'll have to have it maybe once a year, who knows Dr. Kanter.

Dr. Kanter (41:13):

Yeah. And time will tell on that. Um, there'll be studies and it's, it's possible that there'll be booster shots down the road that are better targeted to the prevailing variance that are circulating at that point in time. It's also possible that there'll be combination COVID and influenza shots down the road.

Diane (41:34):

Oh, oh.

Dr. Kanter (41:34):

We'll just have to, we'll just have to wait and see. Well, what happens at the end of the day though, we're gonna see what the data does and follow the data. And if the data show that COVID remains a significant risk and that booster shots can help. I think that will be the recommendation but we don't wanna put the cart before the horse on it.

Diane (41:53):

Absolutely.

Deon (41:54):

Right. Definitely. And with the possibility of that combination shot of the flu and COVID vaccine, uh, together, does it, does it seem as though COVID will become seasonal, like the flu?

Dr. Kanter (42:07):

It's certainly possible. It hasn't yet. Um, respiratory viruses do tend to be seasonal, not always, but the flu certainly is. And, and, and, and other ones are as well. RSV is, um, COVID, it's not seasonal yet and, um, we've had surges in all four seasons (laughs). So the only seasonality to it is that it's happened in all of our seasons. Um, it is possible that it will become seasonal down the road.

Dr. Kanter (42:32):

Although that certainly hasn't yet. I also note though that, you know, it's interesting when you live in the South, when you live down in Louisiana. As it relates to a respiratory virus, um, sometimes the conditions are opposite of what allows a virus to spread more as there would be up North. And we've seen that a little bit with COVID. What I mean by that is up North the greatest of risk is in the winter when people are indoors in poorly ventilated areas, increasing transmission. In the winter, we tend to be outdoors more.

Deon (43:04):

Right.

Dr. Kanter (43:05):

It's the dead of the summer when we're indoors more here-

Deon (43:08):

And what winter do we have? You know, that's kind of like our thing.

Dr. Kanter (43:12):

Right. So we, we have to see what happens? I, I, I, I can easily see COVID becoming more seasonal.

Diane (43:18):

Interesting. Yeah.

Dr. Kanter (43:19):

But it certainly hasn't yet.

Deon (43:20):

Yeah. Wow. Dr. Kanter, any, any final words for our, for our listeners that you would like for them to take away from this?

Dr. Kanter (43:27):

Well, here listen, I think people need to take stock of the significant, highly significant period of time that they're living in. And this is, again, we've not been through anything close to this in over a 100 years. Um, of course it's been confusing. Of course it's been scary. Um, major cataclysmic events

often are, uh, but we are emerging from this stronger. We're better equipped to deal with this virus and we're much better equipped to deal with a pandemic in the future.

Dr. Kanter (44:00):

And, and, you know, there certainly will be one at, at some point in time. I think it's important to recognize the suffering, the sacrifices, big ones and small. I mean, we can, we've lost almost 17,000 Louisianans and people have had to make small sacrifices in their life from wearing a mask up until being home with their kids and missing education. And now it's the time for us to be reflective on that, um, to be thankful for what we do have, to be working hard, to make up on lost ground and I'll give some examples of that.

Dr. Kanter (44:30):

If you have foregone medical care because of the pandemic, if you haven't gone to see a doctor for routine checkups, for routine cancer screening, for a ma-, mammography, for colonoscopies do that now don't let this drag on any moment. If you have kids who, um, have had to forgo athletic events or something with school, do as much as you can to make up on it now. Now is the time to be working hard to make up on the ground that we lost so that we don't have more secondary damage than we need to. Um, from this pandemic, it's been a very, very challenging 24 months, but I do believe that we are much stronger now coming out this.

Diane (45:13):

Well said, Dr. Kanter thank you.

Deon (45:16):

Yeah. And thank you. Uh, we're thankful for where we are with this, uh, two years, uh, on. And Dr. Kanter, thank you so much for walking us through, uh, the pandemic and also covering so much for us and clearing up a lot of things that some of our listeners may have been a little confused about.

Dr. Kanter (45:34):

It was a really good pleasure to talk with you, and I'm looking forward to hearing the next episodes in the series.

Deon (45:39):

And then we do too, and thank you to our listeners as well. And we do hope that you join us for our next episode.