

Shots for Tots

With Dr. John Vanchiere

Diane (00:00):

We're back, and we're centered on the widely discussed topic of children and vaccines, but this time as it relates to Louisiana.

Clay (00:16):

Do you know your child's immunization schedule? What about the immunization rates of your community and those around it? In today's episode, Dr. John Vanchiere of the LSU Health in Shreveport returns to the show. He's back to talk through these questions and highlight the impact of the Louisiana Shots for Tots Coalition. Thanks for joining us, doc. This is a big one, uh, uh, immunization records and knowing all of that good information, especially now, let's talk about it. But, oh, well, you know what? Let's talk about Louisiana Shots for Tots first. Give us an overview.

Dr. Vanchiere (00:52):

Well, Shots for Tots, um, it has been around for more than 30 years. It's, it's a private, uh, public partnership. One of the first between public health agencies of the state and, uh, community organizations with the goal to, uh, improve our vaccination rates. And, and when it was founded, there was not a vaccines for children program, uh, na-, nationwide. And so that... And at that time in Louisiana, most kids got their vaccines at the public health units. And that shift, uh, over time has been to more vaccines are given for children in their private practice, the pediatrician or family medicine offices where they get primary care. But Shots for Tots' goal was initially to deliver vaccines, uh, widely and it still has, does that, but it also has a big education focus, uh, for our communities too, to really emphasize the safety and effectiveness of vaccines a- across our state.

Diane (01:53):

So it began, you said, 30 years ago, Dr. Vanchiere?

Dr. Vanchiere (01:56):

Yeah, yeah.

Diane (01:57):

So have you seen the difference in the three decades once the program wa- began? And, you know, it just, people just know Shot for Tots. I, I mean, I love the name, of course-

Dr. Vanchiere (02:08):

Yeah.

Diane (02:09):

... but it, you know, it's just, it's easy to remember, parents remember it and it, it just seems like, as you said, it's a good educational tool overall.

Dr. Vanchiere (02:17):

Ye- yeah, it is. And it's, as I said, its mission has shifted a bit because so many more vaccines now are given in, in-

Diane (02:24):

Mm-hmm.

Dr. Vanchiere (02:24):

... medical offices than in the public health units. But at the time it was founded, um, our vaccination rates were very low, and we were in the midst of a measles epidemic, uh, in our nation in, in the early 1990s. And, and so what Shots for Tots did was, was bring vaccines out into the communities. Bring the vaccines to where people were rather than people having to come to the health units, take time off of work, and, and, and take their kids out of school to get vaccines. But really deliver the vaccines as close to, to people's homes and communities as we could, and that was tremendously successful. Um, a- as recently as six or eight years ago, Louisiana was ranked number two in the nation for completion of its primary immunization series for young children. And unfortunately, we, things have fallen off since then for, for a lot of reasons but, um, uh, Louisiana can do it. And-

Diane (03:17):

Right.

Dr. Vanchiere (03:17):

... Shots for Tots is an integral part of doing that.

Diane (03:20):

And it's nice to know we were at the top of a list for something good for a change. And even as you said-

Dr. Vanchiere (03:25):

Yeah.

Diane (03:25):

... it's fallen off somewhat, you, we can continue. We can do it. We can rebound. So that's, that's encouraging news.

Clay (03:32):

Please, that's great news (laughs).

Diane (03:34):

Yeah. Mm-hmm.

Clay (03:34):

Uh, let's talk about Louisiana's Infant Immunization Initiative. What is that?

Dr. Vanchiere (03:38):

So the Infant Immunization Initiative is really uh, uh, uh, education and advocacy campaign designed to, um, again, help young parents, especially parents of young children especially, understand the importance and value of vaccinations for their children. And we have conquered so many infectious diseases in the past century with vaccines, and especially the last half of the 20th century. And what we're seeing now is a waning of confidence in vaccines. A lot of that has been brought about just recently by the po- the politics of the pandemic, not the science of the pandemic, but the politics of the pandemic.

Clay (04:21):

Correct.

Dr. Vanchiere (04:22):

And, and so, the Infant Initiative is, again, about restoring confidence, helping parents understand the value and, and, in fact, understand how vaccines work. And, and a lotta folks don't understand how vaccines work. Uh, they, they want to, but, but they may not. And, and we can talk about that as, as we go through. But you know, there's some, some very concrete ways that we can, um, help folks understand how vaccines work and make them more comfortable with that. And, and that's, that, those are hard conversations-

Clay (04:55):

Mm-hmm.

Dr. Vanchiere (04:55):

... sometimes, because they can be complicated, but my job is also to help make them not complicated so, so we can all understand what we're getting into.

Diane (05:04):

And that's one of the reasons that we're so pleased with this podcast, to be able to get the information out. This is no misinformation at all on this cast. And a lotta people, they'll Google something, and they'll think, oh, my gosh, oh, my gosh, is that true? Is that true? But this is... We're bringing you the truth. We have, you know, we have the medical professionals, the people who deal with this every day. And like you said, Dr. Vanchiere, you know, people don't understand. They wanna try to understand. They want to do best for their children, but sometimes they don't know what questions they need to ask. And that again, is where you come into play and where the initiative and the, you know, the To- the Shots for Tots. All of that is good information to help the parents.

Dr. Vanchiere (05:49):

Right. And, and some parents, uh, are, frankly might be embarrassed to ask-

Diane (05:54):

Sure. Yeah.

Dr. Vanchiere (05:55):

... about how does the vaccine work because, you know, that, that, that indicates that they're, they're not educated on a particular topic. And, and again, so the, the better we can do at communicating-

Diane (06:06):

Mm-hmm.

Dr. Vanchiere (06:06):

... our understanding of vaccines, helping parents understand that the, the, the goal of vaccines is to educate the immune system.

Diane (06:14):

Exactly. Yeah.

Dr. Vanchiere (06:15):

And when you do that, you prevent illness and save lives. And, and it's, it, the, the line is that direct-

Diane (06:21):

Mm-hmm.

Dr. Vanchiere (06:21):

... between vaccination and saving lives.

Diane (06:24):

And there are no stupid questions, you know, when it comes to the-

Dr. Vanchiere (06:26):

That's right, exactly right.

Diane (06:27):

... doctor and your patient, there are no stupid questions.

Clay (06:29):

Absolutely.

Dr. Vanchiere (06:29):

That's right.

Clay (06:30):

Uh, but, what are the goals of the, uh, Shots for Tots Coalition?

Dr. Vanchiere (06:35):

So the, the major goals right now are to, uh, make vaccine available where they are needed a- and that would particularly apply to children who may not have insurance of any type. Children who might not be on Medicaid for whatever reason, although Louisiana has the most broadly, uh, um, generous, I would say, uh, Medicaid, uh, standards for, for, uh, being in the Medicaid program, uh, uh, of any state in the, in the country. There are still, uh, about three to 5% of kids in, in the State of Louisiana who have no type of, no insurance at all or Medicaid. And so number one is making that va- making vaccines available to those children free of charge and accessible. Accessibility is, is the most important part there.

Dr. Vanchiere (07:23):

And the second big goal of the Shots for Tots is that educational component, that advocacy component, uh, in not just the political realms, mostly not in the political realms, but really in the community, among community organizations, and, and, importantly Shots for Tots is a Coalition. There are lots of sponsors and partners in that Coalition who help spread the word about immunizations and make that a priority, uh, in our communities.

Diane (07:49):

Because so many folks or organizations are involved. Obviously, there has to be excellent resources that we can go to. Can you talk about that a little bit, Dr. Vanchiere?

Dr. Vanchiere (08:00):

The, the resources available many of them are developed through the state public health agencies, but also, independent of that through, and Shots for Tots is a, a major driver of those resources. We have great access to resources through the Centers for Disease Control, and also, um, uh, the World Health Organization even, uh, too, that we can use in our private practices in our communities. But we, we gotta get those out further.

Diane (08:25):

Mm-hmm.

Dr. Vanchiere (08:25):

And so Shots for Tots helps deliver those messages out to folks.

Clay (08:29):

Yeah, I think that's, that's great. Since, since this initiative has been launched, I would assume vaccination rates have gone up.

Dr. Vanchiere (08:35):

Vaccination rates have, have been very high and what we, uh, knew before the pandemic, uh, the State A- Academy of Pediatrics Chapter actually did a survey across the state of vaccine attitudes. And it was very, very clear that Louisiana is a pro vaccine state, and nobody was really surprised that somewhere upwards of 90% of respondents said, school should know what kids are vaccinated.

Clay (09:01):

Mm-hmm.

Dr. Vanchiere (09:02):

And, and vaccines were important for kids to go to school. And, and just things like that tell us that, um, we're a pro vaccine state. What's happened since then, uh, since the pandemic and especially the politics of vaccines as we've talked about, is that confidence has waned. There is a lot more uncertainty. And so when we repeated that study, uh, and survey in the state population, we found that, that the uncertain category had gone up tremendously. So what we're seeing as a reflection of that is that vaccine rates are lower now than they were before the pandemic, partly because of the pandemic disruption itself of the supply chains of access. We had doctor's offices closed. We had a lotta things because our resources were focused on the pandemic. But now it's time to get back to where we were before. Let's, you know, move those rates back up to where they need to be to provide good secure protection for our kids and, and for our adults.

Diane (10:01):

That's exactly right. A- and you know, the thing is, too, I think a lotta people, a- as you said with the pandemic that threw everybody in kind of a tailspin and now, we're getting back to our, you know, pediatricians and our family doctors and asking questions. And, and maybe some of our listeners today, they just want to know the simple answer to the simple question of, why is it important to get children vaccinate?

Dr. Vanchiere (10:27):

So, uh, three major reasons. Number one, keep our children healthy in school learning, you know, kids learn best when they're healthy. And so that's number one, keep our kids healthy. Number two, which is secondary to that is, is save lives. I mean, vaccines save lives for children and for, for adults. And, and there's not a better example than vaccines like the pneumococcal vaccine or haemophilus influenzae vaccine that 30 years ago, 40 years ago, my father in private practice would take care of a child or two or three children a week with meningitis due to one of those germs. And now, pediatricians who start out in practice now have never seen meningitis due to haemophilus influenzae. And we're talking about diseases that have very high death rates and very high complication rates of, you know, brain injury and long-term health consequences.

Dr. Vanchiere (11:26):

So the fact that we have conquered those big bad bacteria with vaccines i- is really phenomenal. Go even further back, measles, you know. Measles vaccine has been used since the 1960s, a fantastic vaccine. And consequently, measles is not considered endemic in the United States any longer, uh, as of more than 20 years ago, and that's because of the efficacy of the vaccines. But what's happening now with uptake of vaccines waning, is we're threatened with those diseases coming back. And we're seeing more haemophilus influenzae disease now that we hadn't seen for two or three decades, and more pneumococcal disease. And oh, by the way, we're also seeing other, you know, diseases that we don't have vaccines for come back in worse ways. Like, group A strep that causes strep throat. We're seeing more invasive group A strep disease now that we don't have a vaccine against-

Clay (12:22):

Mm-hmm.

Dr. Vanchiere (12:22):

... and it's putting kids in the hospital or and, and a few kids have died of that in our state within the past several months. So and then the third reason to vaccinate is, because when we vaccinate children, we actually protect adults.

Diane (12:34):

Oh.

Clay (12:34):

Right.

Dr. Vanchiere (12:35):

People don't think about that very often, but there are two really good examples. The better our vaccine rates for influenza for the flu, the fewer deaths hospitalizations we have among elderly people due to influenza and, and pneumonia. And the second example is particularly the pneumococcal vaccine, which is against a germ called *Streptococcus pneumoniae*, that's, that's a cause of ear infections and meningitis in, in children and, and it was the most common cause of ear infections in children, uh, for, for decades. And what we saw is when we started vaccinating kids against those diseases, those went away, very, very low levels of ear infections due to pneumococcus now. But also, a secondary effect was that fewer elderly people were dying of pneumococcal disease. So by vaccinating our children, we, we indirectly protect our seniors. We don't have toddlers bringing germs to grandma and grandma and grandpa getting sick and/or dying of those germs like we used to have. And that's a, that's a really important part of the, the reach of vaccines in our state and in our world. Incredible.

Diane (13:48):

And sometimes we don't connect those dots, Clay, do-

Clay (13:50):

Right.

Diane (13:51):

... you know, when we were talking about that and, and then you were saying too, Dr. Vanchiere, about some of these other, you know, when we're talking about measles and what have you that people have a tendency to think, oh, that was back in the day.

Clay (14:02):

Right.

Diane (14:02):

But it's not been eradicated. And as you said, if we don't stay on top of things-

Clay (14:06):

Mm-hmm.

Diane (14:06):

... and if we're not vigilant, that can come back, and we do not want to have to deal with that again.

Clay (14:11):

A- and it's so important when you, when you mentioned vaccinating children-

Diane (14:15):

Uh-huh.

Clay (14:15):

... 'cause they can be little petri dishes.

Diane (14:16):

(laughs)

Clay (14:16):

And so (laughs)-

Diane (14:18):

Yeah (laughs).

Clay (14:18):

... and can bring anything home. So you wanna be able to be certain about that.

Diane (14:21):

Anything and everything.

Clay (14:21):

Anything and everything.

Diane (14:23):

Mm-hmm. Yeah.

Clay (14:23):

You know, so many people are vaccinated at clinics or in their doctor's offices. So physicians have access to families. What can they do to increase the percentage of vaccinated populations within clinics or in a physician's primary care office?

Dr. Vanchiere (14:41):

So one of the things we've, we've been encouraging practices to do is, is really develop and, and be a, a climate of, of vaccine advocacy from the front desk to the, the patient room to the, the back office and, and, and the like, that the whole clinic be focused on the importance of vaccines. That may be signage, you know, passively, that may be, um, asking questions or, or talking more

positively about vaccines, the importance of vaccines in an active way. All of these things build a climate of vaccine advocacy in a pro vaccine climate that is really important for parents to understand the message. And I- I've encouraged physicians to do two things. One is look at their own vaccination rates within their practice, and if, if your vaccination rates say for measles is 98% in your practice, post that on the, on the wall in the, in the, in the waiting room. And, and that's gonna do two things. For those who are in the 98% group, it's gonna make them feel really good-

Clay (15:48):

Mm-hmm.

Dr. Vanchiere (15:48):

... about their decision. They're part of those who have, have made a good decision for their children. And for the 2% who may not be vaccinated, it may make them think twice. It may make them-

Diane (15:59):

Yeah.

Dr. Vanchiere (15:59):

... think about well, maybe my child is not eligible for measles vaccine for whatever reason because their immune is compromised, and that's important to know. It's important for that parent to know that the vast majority of patients in that clinic are immune- uh, immunized against measles.

Clay (16:13):

Yeah.

Dr. Vanchiere (16:13):

And therefore, helping protect their own child who can't get vaccinated. Or if they've chosen not to vaccinate, if they're in that 2%, uh, then they're gonna think twice maybe. They're... Hopefully. And they're gonna ask, well, why am I in the minority? If the vast, vast majority of people have accepted measles, why have, measles vaccine, why have I not accepted measles vaccine for my child? And that, just that information on the wall helps people think, think twice, ask more questions, dig a little deeper and hopefully, make the best decision for their child.

Diane (16:47):

And you know, that starts that conversation between the parent and the pediatrician.

Clay (16:52):

Right.

Diane (16:52):

They saw that that's an excellent point, I never thought about that. You know, they're sitting in the waiting room. They see that 98% is like, oh gosh, oh gosh, I really need to talk more about it 'cause maybe they were on the fence-

Clay (17:03):

Mm-hmm.

Diane (17:03):

... and they weren't sure what they're gonna do. And that might just put them over and then you've got 99% or 100%. How fabulous.

Clay (17:11):

Well, and you know, that, that it's, it's a weird thing, but I've actually had this conversation with people and, and doc, I'd love your perspective on it. Some people... Little children tend to scream like they're on fire-

Diane (17:25):

Mm-hmm.

Clay (17:25):

... when they have to get any kind of vaccination or a shot and that creates anxiety for some parents. And they delay it because they know they've gotta go through about-

Diane (17:35):

They don't wanna deal with it.

Clay (17:35):

... two minutes of horror.

Diane (17:36):

Yeah (laughs).

Clay (17:37):

But that little short term pain that the child will deal with does not compare the long term impact of not being up-to-date on vaccinations. Could you speak to that, doc?

Dr. Vanchiere (17:48):

Yeah, absolutely. Uh, you know, as parents, the, the hardest thing for us to do, I think, and I, I have six children and, and, and-

Diane (17:58):

Oh, gosh, you're a busy man. Wow (laughs).

Dr. Vanchiere (18:01):

Well, so the, the, the, the thing that parents never want to do is make a decision that harms their child, right?

Clay (18:08):
Right.

Dr. Vanchiere (18:08):
I mean, we always wanna make the best decision for our child. And, and so you're right, you're right, Clay, that balancing out that, you know, 30, 40 seconds of the child upset-

Clay (18:20):
Right.

Dr. Vanchiere (18:20):
... crying, um, versus for measles, a lifetime of protection-

Clay (18:24):
Yeah.

Dr. Vanchiere (18:24):
... against a germ that can be really problematic, uh, is is what parents have to worry about. And parents now, young parents who've never seen measles, uh, even older parents who've never seen measles-

Clay (18:37):
Mm-hmm.

Diane (18:37):
Mm-hmm.

Dr. Vanchiere (18:38):
... you know, will say, well, why do I need to vaccinate against measles because it's not here? It's eradicated. I'll wait. If there's an outbreak, I'll do it. But the fact is that if, if we don't maintain for measles at least 95% protection by vaccination, then the germ will find us.

Clay (18:56):
Right.

Dr. Vanchiere (18:56):
And, and it is the most infectious germ known in the world. And in fact, with measles has, has been a good example. If somebody with measles is in a room and then leaves and two hours later you walk in and you haven't been vaccinated, you can catch measles.

Clay (19:12):
Wow.

Dr. Vanchiere (19:12):

That's how long it can linger. It's happened in airports. It's happened in other places-

Diane (19:16):

Oh, gosh.

Dr. Vanchiere (19:16):

... well documented, you know, kinda thing. And so, and you don't know who's been in-

Diane (19:20):

Uh-uh.

Dr. Vanchiere (19:20):

... you know, the area you've be- you're, you're walking through in the mall or in a store or a public bathroom or an airport or whatever, uh, that, that may have had measles. And that's why a measles outbreak at, at Disney-

Clay (19:32):

Yeah.

Dr. Vanchiere (19:32):

... six or eight years ago-

Diane (19:33):

Oh, gosh. Yeah.

Dr. Vanchiere (19:33):

... was such a big deal-

Diane (19:36):

Man.

Dr. Vanchiere (19:36):

... because it's so infectious, right?

Clay (19:38):

You know, there, there was such a heightened amount of attention placed on restroom cleanliness and depending on where you go, that still exists.

Diane (19:46):

Mm-hmm.

Clay (19:46):

But it's not as pervasive as it used to be. People aren't as germ conscious as they used to be. So it's important to protect yourself and your children. I, I do wanna ask before we move away from that. Are there any other concerns that you have heard from parents about why they may not want to vaccinate their children.

Dr. Vanchiere (20:03):

Is the fear of harming their child.

Clay (20:05):

Okay.

Dr. Vanchiere (20:05):

And what they don't think about really is that by not vaccinating, they're putting their child at greater risk.

Clay (20:11):

You're harming them more.

Diane (20:12):

Yeah.

Dr. Vanchiere (20:12):

Yeah, that's right. Yeah.

Diane (20:14):

So what about-

Dr. Vanchiere (20:14):

And so that, that is the biggest hesitation. Um, there are, uh, some concerns about how vaccines are produced a- and, um, and by and large, I mean, the, the safety data on vaccines is, is impeccable. Our vaccines are safer than they've ever been scientifically. I work, you know, every, every week, every day to help improve the safety of vaccines in different ways. We've, we have, um, the safest vaccine supply we've ever had. And, and so I think those reassurances that, yes, there are people, you know, like me, physician scientists working every week for safer, better vaccines for our children, but our vaccines are extremely safe. Um, a good example would be the pertussis vaccine that we used 20 years ago. It, it caused a lot of kids to have swelling in their arm after they got the shot and fever for several days.

Clay (21:07):

Mm-hmm.

Dr. Vanchiere (21:07):

And so we went away from that type of vaccine that was basically, uh, what we call the whole cell pertussis vaccine to a subunit vaccine where it's just a few specific components of the pertussis germ, and that vaccine has a better safety profile. That is fewer, fewer reactions, not having arm swelling, uh, less fever, less side effects with the vaccine itself. However, we've sacrificed a little bit of, of effectiveness to the vaccine for a better safety profile. And that's just one example of how we're working to always balance those two factors.

Dr. Vanchiere (21:40):

Um, I, I, I tell people, you know, if, if your, um, as an example, you know, if, if the doctor says, well, you might have cancer, and therefore, I'm gonna start chemotherapy and it's with all these drugs that have all these side effects. You're gonna say wait a minute, I'm not gonna take those medications because I might have cancer. You better prove that I have cancer before I subject my body to those, those big, big medicines. Well, the, the same is, is true or can be said about vaccines and and, and we've proven time and again the safety profile of our vaccines. And no long-term effects on, on fertility, no long-term effects on, uh, brain development, all of those things. I mean, the, the statement that vaccines cause adults is, is really true. Part of getting out of childhood is being vaccinated and protected against those bad germs.

Dr. Vanchiere (22:30):

The, the por- the safety portfolio of our vaccines is, is impeccable. And yes, there, for some vaccines, there are some short-term side effects, but no long-term side effects of vaccines related to fertility, related to brain development. All of those things are, are, are nonstarters. Those are myths about vaccines. And, you know, with the COVID vaccine, we're using a little different type of vaccine that mRNA vaccine mostly, and there are some, uh, things that have happened. We know some of the side effects that potentially happen, like inflammation of the heart, especially in teenage boys about one in 40,000. But with COVID infection itself, inflammation of the heart happens in about one to 2%, one to two out of 100.

Dr. Vanchiere (23:15):

And so again, we're, we're learning, we're balancing out the safety and effectiveness of the vaccines as we learn more information about their use. And specifically, with the COVID vaccines, there's been a lot of, lot of discussion about for young women, changes in their menstrual cycle, uh, after getting the vaccine. And the- the- there were stories or anecdotes about that early, uh, early on and, and the data that's available now says, yes, some women do have some changes in their menstrual cycle after getting COVID vaccines. But that's also not unique to COVID vaccines. And, um, and it, it is, you know, that happened, can happen for any number of reasons for women. We're trying to understand it. We need to understand it better to provide more reassurance. But, um, that is in and of itself, not a tremendous surprise. Other illnesses, other vaccines also can cause disruptions in the menstrual cycle or changes that are very temporary and last just a couple of months. Yeah.

Diane (24:16):

So we're talking about again, the, the vaccines and the shots that your children need. There is a schedule, uh, for shots that the child that from the infant on, you know, through when they're just small children. What should they follow or what should you follow, or the family know and the physician? And if they get off schedule, do they have to start all over again?

Dr. Vanchiere (24:39):

So the, the Shots for Tots website, uh, is shotsfortots.com. And that's a great resource for parents to see the, the recommended schedule for vaccination at each age group. There's a infant and child, uh, link, there's a teenage link, and there's an... I think there's even having an adult link even though adults are not tots. But, uh-

Diane (25:01):
(laughs)

Dr. Vanchiere (25:01):
... so the... But the, the and the CDC has those schedules of recommendations as well. And, and so those are updated every year because there may be little changes, there may be new vaccine types available, or, or alterations that are generally fairly minor. And, but it is updated every year. And so parents can look there to, uh, to know what, what vaccines their children should have. In general, there's no indication ever to restart a vaccine series. So if you've had two polio vaccines and you need three and it's been six months or a year or however long it's been, several years, you don't restart with to go for three. You just get the third one and keep going.

Diane (25:42):
That's good to know. Yeah, that's good to know.

Dr. Vanchiere (25:44):
Yeah, yeah.

Clay (25:44):
What about the, uh, what about the seven series of vaccines and why are they so important?

Dr. Vanchiere (25:49):
The seven series of vaccines includes pertussis, um, diphtheria, polio, and your gonna trick me, haemophilus, hepatitis B, and pneumococcus and tetanus. Did I say tetanus already?

Diane (26:07):
Oh.

Clay (26:08):
No.

Dr. Vanchiere (26:08):
Yeah.

Clay (26:08):
Nice.

Diane (26:09):

Wow.

Dr. Vanchiere (26:09):
All right. Did I get it right?

Clay (26:11):
You did (laughs).

Dr. Vanchiere (26:12):
(laughing) So-

Diane (26:12):
So-

Dr. Vanchiere (26:12):
... that's a tough, a tough list.

Clay (26:13):
Wait a minute. Maybe I'm unqualified to say if you got it right.

Diane (26:16):
Sure, sure.

Clay (26:17):
But there were seven of them named.

Diane (26:18):
(laughs)

Dr. Vanchiere (26:18):
(laughs)

Diane (26:19):
So when you're talking about pertussis, is that whooping cough? Is that pertussis?

Dr. Vanchiere (26:23):
That's whooping cough.

Diane (26:23):
Okay.

Clay (26:24):

Yeah.

Diane (26:24):

I, I kinda get those mixed up. All those-

Clay (26:25):

Yeah.

Diane (26:26):

... all those words sometimes they kinda blend together in my brain, and I want to make sure our listeners knew what that was. Okay.

Dr. Vanchiere (26:31):

Yeah, pertussis is whooping cough.

Diane (26:33):

Okay.

Dr. Vanchiere (26:33):

And that's one where, um, you know, now all pregnant women are recommended to get a booster that includes pertussis during pregnancy because, uh, babies in the first two months of life are not, are not ready to get a pertussis vaccine, uh, they're not old enough and their immune system doesn't respond well to the vaccine at that age. But if we vaccinate mom during pregnancy against pertussis, that protects the baby for the first two to three months of life when they're most vulnerable to pertussis, and pertussis can lead to serious, uh, illness and death in infants that young. Yeah.

Diane (27:09):

And you were talking too, about the schedule. And you said, you know, adults aren't tots, obviously, but adults still need to be updated-

Clay (27:16):

Mm-hmm.

Diane (27:16):

... on their shots-

Clay (27:18):

Right.

Diane (27:19):

... on their schedule every 10 years for some. So just because you think you've quote unquote outgrown childhood diseases or the need for vaccinations, that's, that's not true.

Dr. Vanchiere (27:29):

For adults, we, we vaccinate against different diseases. Some are, some are common, but-

Diane (27:34):

Mm-hmm.

Dr. Vanchiere (27:34):

... but also, different diseases. So we use the zoster, uh, vaccine in adults over age 50, a very effective vaccine, even though they may have had, uh, the chickenpox vaccine as a child-

Diane (27:44):

Right.

Dr. Vanchiere (27:44):

... the zoster vaccine is, is important for adults to, uh, prevent long term complications. Yeah.

Diane (27:50):

Is that for shingles? Is that-

Dr. Vanchiere (27:52):

Shingles, exactly.

Diane (27:52):

Okay. Okay.

Dr. Vanchiere (27:53):

Yeah, very good, yeah. Two terms, yeah.

Diane (27:55):

Tha- thank you.

Clay (27:55):

(laughs)

Diane (27:56):

(laughs) Thanks.

Clay (27:56):

All right.

Diane (27:57):

We're learning here. That's the whole point of this podcast.

Clay (28:00):

So we asked about seven.

Diane (28:02):

Uh-oh.

Clay (28:03):

What about the 10 series?

Dr. Vanchiere (28:04):

The 10 series extends up to the, um, preschool age group that gets you to four to five years old.

Clay (28:12):

Okay.

Dr. Vanchiere (28:12):

And that includes your measles, mumps and rubella.

Clay (28:16):

So how is this different or and/or is it measured different than say the seven?

Dr. Vanchiere (28:21):

So the, the, I guess the way we look at those, the data for each of those series in terms of completion, we know that the seven series, the, the infant toddler series we're not as successful.

Clay (28:34):

Mm-hmm.

Dr. Vanchiere (28:34):

Uh, that is our rates of, of, of completion of that series are somewhere in the high 80s to low 90s, uh, in, in good areas. Uh, and in some areas, they may be as low as the 60s or 70% range, depending again, on access, uh, attitudes, a lot of different factors weigh into that. But, um, once kids start in school, our school-based requirements for vaccines, we get a lot of catch up on those seven series and, uh, do very well with the 10, 10 series, adding the three live virus vaccines the, the measles, mumps, and rubella. So the, the school requirements are really a foundation of public health. Uh, they protect our children in school. They're also important for kids who may be homeschooled as well because the risk is not specific to being in school.

Clay (29:37):

Mm-hmm.

Dr. Vanchiere (29:37):

The risk is related to their age and their susceptibility and exposure to these particular germs.

Diane (29:34):
Excellent point.

Dr. Vanchiere (29:34):
And so-

Diane (29:34):
Yeah, the homeschoolers.

Dr. Vanchiere (29:35):
Yeah.

Diane (29:35):
Yeah.

Dr. Vanchiere (29:36):
Yeah, yeah.

Clay (29:37):
We don't talk about them-

Diane (29:38):
Mm-mm.

Clay (29:38):
... enough. We always talk about kids on a school campus, but there are-

Diane (29:42):
Yes.

Clay (29:42):
... a number of children who are being taught at home. Yeah.

Dr. Vanchiere (29:45):
Yeah, about, about five 6% was the last number I knew statewide. And, and you know, for... I know lots of parents who homeschool and, and they love it and works for their families. And for some, that is, uh, an excellent way to educate your children. Uh, but it doesn't mean that they're not at the same risk as children, uh, and teenagers also included, uh, for diseases like meningococcal disease and, and measles, et cetera.

Diane (30:12):
That's an important point to make too, because our listeners need to know that-

Clay (30:16):

Right.

Diane (30:16):

... that just because they're... They, they may think that they're just in a smaller, a, a community, they're not in, you know, the, the commu- the community-

Clay (30:24):

Right.

Diane (30:24):

... out and about that this is critical for the smaller family group as well. You know, Dr. Vanchiere, if someone wanted to join or help support, uh, Shots for Tots, what would you suggest they do? Is there something that our listeners can do to be a part of this initiative?

Dr. Vanchiere (30:42):

For, for businesses and community organizations, they can join the Shots for Tots Coalition. And again, their website is probably the best link to get that at shotsfortots.com and/or you can google Louisiana Shots for Tots and they'll pull you right to the website. For, um, individuals who want to support the efforts of the Shots for Tots Coalition, they can make direct donations and they can volunteer in some areas, uh, when, when need arises for helping with, you know, bringing the mobile shot van out to places.

Diane (31:16):

Oh, okay.

Dr. Vanchiere (31:17):

And, uh, helping organize folks, keep 'em in line, and you know, as needed, all those kinda things. So there are volunteer opportunities as well.

Diane (31:24):

I didn't realize that, that's excellent.

Clay (31:25):

Yeah.

Dr. Vanchiere (31:25):

Yeah.

Clay (31:26):

Yeah.

Diane (31:27):

Is there anything, Dr. Vanchiere, that... This has been an excellent conversation-

Clay (31:30):

Right.

Diane (31:30):

... number one.

Clay (31:31):

Absolutely.

Diane (31:32):

Number two, is there anything that we did not cover that you would like for our folks, you know, listening today to know about or just to be reminded of when it comes for Shots for Tots?

Dr. Vanchiere (31:42):

Well, I think there're, there're thousands of things we haven't covered.

Diane (31:47):

(laughs)

Clay (31:47):

(laughs)

Dr. Vanchiere (31:48):

[inaudible 00:31:48].

Diane (31:49):

Okay.

Dr. Vanchiere (31:50):

And, uh, and so the next 20 podcasts, we can do together-

Clay (31:53):

All right.

Dr. Vanchiere (31:53):

... and we can hit another-

Clay (31:54):

Okay.

Dr. Vanchiere (31:55):
... few hundred.

Clay (31:55):
All right.

Dr. Vanchiere (31:56):
But I think my message would be, would be simple, a- and that is, ask questions.

Diane (32:01):
Mm-hmm.

Clay (32:01):
Right.

Dr. Vanchiere (32:02):
If you have concerns, ask questions. And your, your pediatricians, the nurses in their clinic, the family medicine doctors, OB, any, any physician should be ready to answer those questions-

Clay (32:13):
Mm-hmm.

Dr. Vanchiere (32:14):
... or get those answers for you.

Diane (32:15):
Mm-hmm.

Dr. Vanchiere (32:16):
And so asking questions helps me. When patients ask me questions, it helps me understand where they are in their thought process and where they are in their understanding about vaccines and the like. And vaccines, uh, you know, I, I use the examples that vaccines are like a fire drill for your immune system. They tell your immune system, they educate your immune system on what to do if the real germ shows up, a- and that's what we want. That's, that's the simple way vaccines work.

Diane (32:44):
Mm-hmm.

Dr. Vanchiere (32:44):
They all work with that same goal, educate the immune system what to do if the real germ comes by.

Diane (32:50):

That is an amazing and a fabulous way to end this podcast with that thought. So Dr. Vanchiere, thank you for your time today. Thank you for giving us your expertise and helping people feel more comfortable and to know ask, talk, to your doctor. No stupid question. No dumb question. Don't be reluctant. Just get it out there and just talk because it's about your health, the health of your children, about your children's grandparents, everything is rolled into one. So again, thank you to everyone who joined us today, uh, by way of listening to our podcast. We hoped for you to join us again for another Vax Matters.