

# Young Children & COVID

With Dr. Tonya Hunter

Diane (00:00):

Vax Matters, the podcast to improve your knowledge of all things vaccines and immunization. So, let's get started.

Clay (00:15):

Welcome to another edition of Vax Matters. Our conversation today centers around young children and COVID. Joining us with her expertise is Dr. Tonya Hunter, the Regional Medical Director for Region 8 in Northeast Louisiana. Hey, Doc, welcome to Vax Matters.

Dr. Hunter (00:31):

Oh, thank you for having me. I'm so excited to be able to participate in this podcast, and just inform our communities about COVID in, um, young children. Um, I'm really concerned, I guess, that we kind of overlook, maybe, the seriousness of COVID in babies and small children. Um, I think a lot of times, we kind of have been believing the myth that COVID is not as serious for babies or young children, and they don't see the infection rates that adults do, or they don't, um, have as serious an infection as an adult would.

Dr. Hunter (01:18):

But, we do see COVID in small babies and children. Um, newborns can get COVID just shortly after birth, or, um, if their mom was not vaccinated during pregnancy, they can, um, have COVID and test positive in the nursery. Um, pregnant women, for that reason, should really take some precautions and be vaccinated. And then when the baby is born, we should kind of minimize, um, exposure to these small children so that hopefully we can prevent the transmission, um, through respiratory droplets, um, when the- when the baby is, um, in the- in the family home or, um, after the first few days of- of- of life.

Diane (02:08):

You know, you are so absolutely spot on. The point being that we've not heard, or at least I haven't heard that much about COVID in infants and young children. And I don't know about, when you're saying kind of that's- that's as myth that it doesn't impact. But, you know, the thing is, is that it does, and we need to be aware, and we need to know what the facts are regarding this matter. So, this can happen, and it can be serious, is that right, Dr. Hunter?

Dr. Hunter (02:39):

This can happen and it can be serious. Um, I think we really have to pay attention to babies and symptoms. And, you know, it's interesting, because, you know, babies can't talk, of course.

Dr. Hunter (02:50):

So, (laughs) when you're trying to ascertain whether a baby is ill, you kinda have to look for things that, you know, ring those alarms. You have to make sure that if the baby has a cough, if the baby has fever or chills, or shortness of breath, or difficulty breathing, um, those are some things that you

can kind of see in a baby that mama will- will recognize and know. Um, they will listen and- and hear, maybe, just some rattles or, um, a different, um, um, stress to breathing that normally isn't there. And especially a persistent cough that, you know, causes crying or causes, you know, excess, um, um, mucus or, um, a cough that, you know, is- is different, especially with fever. The baby would tend to not be as active or not be as alert.

Dr. Hunter (03:48):

Um, children can have, um, different symptoms, but we have to be careful and recognize those symptoms and make sure that we are paying attention, so that if we need to test and diagnose, we can.

Diane (04:03):

That's important, as you said, to pay attention and to be able to diagnose what it is, because, it's- it goes beyond just the typical, the infant illness or the small children illness. If something seems amiss, doesn't seem quite right, that's when the caregiving, the parent, the mother- needs to ask questions. Because I would imagine you have that innate ability, think, well, this just isn't typical for a baby, or for an infant or for my child. You've got to pay attention that this could be something beyond. It could be COVID.

Dr. Hunter (04:39):

Right. I love that. And, you know, we all have that momma sense. You know, you kind of know when your baby's not acting the way in which they usually do, which means they are not as... They're not eating the same, they're not, you know, resting as well. There's some things that, you know, really should set off some red flags, and I think recognizing those symptoms early is so very important.

Dr. Hunter (05:02):

You know, it's important for mommas to realize, or parents to realize when to call for emergency, when to call 911, basically. If your baby has difficulty breathing or catching their breath. You know, if we're not keeping down any fluids, any liquids. Um, if there's, um, difficulty waking the baby-

Diane (05:24):

Hm.

Dr. Hunter (05:24):

... or if the baby is just sleepy, sleepy and not active, not cooing, not, you know, um, opening the eyes and- and being alert as usual, that- that's a concern there's an illness there and we need to diagnose. And especially if there's a discoloration, um, especially around the mouth. Um, if the lips appear a little, uh, blue or pale or, you know, um, different color, that's - that's serious. And those are symptoms that we definitely need to recognize and, uh, call for emergency help.

Clay (05:56):

Let me ask this, you've heard people talk about colicky babies, who may have some of what you talked about. A little bit of the rattle, the cough, some of those things that you might- that are not totally uncommon with infants. So, how do you- how can you differentiate between what would be considered a sickness or an illness that babies get, versus symptoms of COVID?

Dr. Hunter (06:21):

Well, I think the symptoms of COVID will be persistent.

Clay (06:26):

ok.

Dr. Hunter (06:26):

You know, it's common for a baby to have a little- a little cough-

Clay (06:29):

Right.

Dr. Hunter (06:29):

... here and there.

Clay (06:30):

Right, right.

Dr. Hunter (06:30):

They may, you know, be, um, more tired or take a longer nap than usual. Um, but I think fever, um, chills, any kind of, um, um, symptom that is- is abnormal or unusual. A temperature greater than 100.4. If you have a thermometer at home and you take your baby's temperature and it is greater than 100.4, then you need to, um, address that and make sure you're calling either the pediatrician, calling the, um, the, um, emergency room, or- or making sure that baby has medical attention, because it's something that, you know, you shouldn't overlook ever a fever in a baby. And a persistent cough, the inability to eat, the inability to rest well, those are all things that we really have to address and make sure that we're, um, uh, paying attention to as far as, um, suspecting, um, a viral illness, um, such as COVID.

Dr. Hunter (07:34):

Um, I think there are some children that are more at risk, um, from COVID and, um, those would be, you know, um, kids that are under age two. And, again, because it's so important to realize these children can't talk and communicate their symptoms.

Diane (07:50):

Mm-hmm.

Dr. Hunter (07:51):

So you are basically, um, I- I hate to say it, but reading their minds or, you know, um, assessing, uh, their symptoms and their patterns and their habits to be sure that they're acting normally and not exhibiting symptoms that could be a more serious, um, evidence of a more serious infection.

Dr. Hunter (08:12):

Um, Black and Latino children are, um, affected by health disparities and they are disproportionately vulnerable to severe COVID com, uh, COVID-19 complications. So, we have to be, um, especially careful in those populations to recognize symptoms and not ignore symptoms. Um, making sure that those patients have access to care and evaluation to see and test if they are positive for COVID. Those who were born prematurely, um, those kids who came a little bit early, before their due date. Um, sometimes they can be at more risk of a viral infection, and COVID tends to hit those kids a little bit differently, and a little bit more severely.

Dr. Hunter (09:01):

Um, anyone who has asthma as a child, or any kind of, uh, chron- chronic lung disease. Those who are, um, obese or have chronic illness, or medical illnesses, those kids also sometimes may be more at risk, or at a higher risk for contracting COVID-19 in the first place, and then having a more serious case of COVID-19, often needing medical care, or admission or evaluation in an emergent setting, um, instead of it being more, uh, mild symptoms, consistent with like, a common cold.

Diane (09:44):

You know, Doctor, we were talking, uh, prior to the podcast. And COVID is going to be with us forever. I mean, that's just- that's just wh- the way it's going to be from now on for our lifetime. So, do you think, in your opinion, do you think that sometimes, now that we're, you know, we're in 2023, that maybe parents aren't as apt to think if my baby is lethargic or this or that. Do you think that- that COVID is still on the fore- forefront of their mind, thinking this could be a possibility, or it's just a, you know, a childhood- infant, uh, illness? Do you think they think COVID, you know, like they should? I'm- I'm just curious of your opinion that, because you're seen it all.

Dr. Hunter (10:26):

Right. Right. And I do think that, you know, sometimes... (laughs) I guess if you are going back, I guess, this is 2023-

Diane (10:32):

Yeah.

Dr. Hunter (10:34):

When, from 2020 on-

Diane (10:35):

Mm.

Dr. Hunter (10:36):

... I think that COVID has been at the forefront (laughs)-

Diane (10:37):

Of everything, yeah.

Dr. Hunter (10:39):

... of our differential diagnosis. I really think that at first, you know, when a- a baby would have a- a cold or a cough, or symptoms of- of such, we would think more RSV, we would think more flu. We would think more, um, just, um, Norovirus, you know, things that are- are more common amongst- amongst kids. But, you know, since 2020, I think we have, uh, COVID has- has bumped some of those off the top of the list.

Diane (11:08):

Yep.

Dr. Hunter (11:08):

It becomes a little bit more of a- of a, um, a consideration when you're- when you're to diagnose and evaluate, um, children for, uh, these respiratory, uh, symptoms.

Dr. Hunter (11:22):

You know, COVID is gonna be with us forever. I hear- I hear all the time, um, "I'll be glad when COVID is over." You know?

Diane (11:29):

(laughs)

Clay (11:29):

(laughs)

Diane (11:30):

Whoa. Yeah.

Dr. Hunter (11:30):

Folks say that.

Diane (11:30):

Yeah.

Dr. Hunter (11:31):

You know.

Diane (11:32):

Wishful thinking.

Dr. Hunter (11:33):

As if it's-

Diane (11:33):

Yeah.

Dr. Hunter (11:34):

Right. Exactly. As if it's going to go away and we're no longer going to see, um, in our communities or in our- in our- in our populations.

Dr. Hunter (11:43):

Um, I think it's important for us to realize that COVID is here to stay, and we are going to have to take those precautions that really help us to fend off and, um, um, protect ourselves from COVID infections.

Clay (12:01):

Hm.

Dr. Hunter (12:02):

I think the number one way to do that is to vaccinate. Um, it's important, for children especially, to get vaccinations. And, basically, when you are vaccinated, you're building a system of... Think about it like you're putting on armor. You're putting on a protective coat so that viruses and other illnesses cannot affect you. You have built a wall of protection so that you will not encounter, at least, as serious effects of certain viruses that you have been, um, immunized against.

Clay (12:42):

What is multi-system inflammatory syndrome?

Dr. Hunter (12:47):

Multi-system inflammatory syndrome in children is, um, a syndrome that presents, but is treatable as long as that child is brought to the hospital, and it is addressed and recognized. So, I think that's important.

Diane (13:02):

Mm-hmm.

Dr. Hunter (13:02):

You know? Um, if there is, uh, a, um, myocarditis picture or heart symptoms or anything like that, um, that is very treatable, but it's important for parents to recognize if their baby has any of those symptoms. Because this would be a small child, a small toddler, something like that. And bring them into the hospital and make sure that they are under the care of physician, um, in an acute care setting so that we can make sure that there's no, um, permanent damage from something, um, something like, um, like this.

Diane (13:36):

Well, you know, that's... When you were talking about that, Dr. Hunter, that was my question, that was my thought. That you said it doesn't happen very often, it's not common. So we want our listeners to know that it's not common. But I was wondering about what the prognosis is with children like this? Again, getting the medical care, the emergency care as quickly as possible. So, is it- does it take a while? I... What would the prognosis be?

Dr. Hunter (14:04):

Well, usually, the majority of patients for have CO- COVID myocarditis, you know, which is probably the- the most, um, hm, the most common. It's a heart, um, complication-

Diane (14:16):

Mm-hmm.

Dr. Hunter (14:17):

... that we see most often. And if that myocarditis in children manifests... It usually goes away-

Diane (14:23):

Oh.

Dr. Hunter (14:23):

... honestly.

Diane (14:23):

Oh.

Clay (14:23):

Oh, wow.

Dr. Hunter (14:24):

It usually goes away after-

Diane (14:26):

Really?

Dr. Hunter (14:26):

... a few days or a- a few weeks. And we're able to treat and support the- the- the infant and make sure that, um, we're able to, you know, uh, make sure they're able to breathe. Make sure they're able to maintain circulation and maintain their vitals. Then after the, um, infection has been symptomatically, uh, treated, then usually, um, we're able to- to see kids- kids recover. Um, most cases of myocarditis are self-resolving. Um, it's something that, um, you know, kids are so resilient.

Diane (15:04):

Mm-hmm.

Clay (15:05):

Mm-hmm.

Dr. Hunter (15:05):

And I think when they are infected with a virus... You know how when kids break a leg, you know, if- if we break a leg as adults, um, it takes forever.

Diane (15:15):  
(laughs) It does, yes.

Dr. Hunter (15:15):  
We have to walk around in a shoe boot forever, right?

Clay (15:15):  
Right.

Diane (15:15):  
Yeah.

Dr. Hunter (15:18):  
But a kid breaks his are and I mean, you know, honestly, it's six weeks later we are playing and-

Clay (15:22):  
Right.

Diane (15:22):  
Mm-hmm.

Dr. Hunter (15:23):  
... using that limb. And so, they are so, um, resilient. Um, I do think that if there is such a complication, um, basically, um, those kids are able to, uh, once treated, be able to resolve that and- and that usually goes away without- without long term residual complications.

Clay (15:47):  
It's so interesting, because you've given so much information just thus far about this topic. And for people who may be wondering, okay, where can I go to- outside of Vax Matters, of course, where can I go to get information on this if someone is planning to be, or already expecting as a parent, a baby?

Dr. Hunter (16:08):  
Well, I think your number one resource is gonna be your pediatrician.

Clay (16:11):  
Okay.

Dr. Hunter (16:11):



Um, I- I do think that, you know, the pediatrician that's caring for your baby is the doctor and physician, provider that knows your baby and is able to provide the best care and give the best answers to questions regarding the plan of care and the schedule of care for your little one. Um, it's important that you have a provider that you trust, that is available to you. You know, um, it's important that parents feel like they can call the pediatrician and ask questions.

Diane (16:53):

Mm-hmm.

Dr. Hunter (16:54):

And, if the baby is sick... Um, I- I can remember when my kids were small, I used to tell, um, the folks at work, I'd be like, "Okay, the baby is sick, everything stops." It is so important for a parent (laughs) to be able to address a concern-

Clay (17:13):

Mm-hmm.

Dr. Hunter (17:13):

... and as the question to their pediatrician or their pediatric, um, nurse practitioner or whoever, their family doctor. Those folks who are available to, uh, take care of your- your baby. They can answer those questions, and really kinda give you the best information, the most current information, and the best recommendations for if your baby is symptomatic what your next steps should be. And if you know you're concerned and want general information, they would be able to provide first and foremost for you. I know we're all tempted to get on the Dr. Google. We are.

Diane (17:58):

(laughs)

Dr. Hunter (17:58):

I just want to say-

Diane (17:59):

Dr. Google. Yeah.

Clay (18:00):

(laughs)

Diane (18:00):

Oh, brother.

Dr. Hunter (18:00):

Just be careful, you know-

Diane (18:00):

Yes.

Dr. Hunter (18:00):

... about-

Diane (18:02):

Yeah.

Dr. Hunter (18:03):

... Googling information, um, you know, from- from sources and- and-

Diane (18:08):

Yeah.

Dr. Hunter (18:09):

... you know, especially our social media sites. Because everybody knows someone who has had, you know, complications from a viral illness, uh, specifically COVID, um, flu. You know, there have been, um, instances where, um, children have had diagnoses or complications after having COVID, um, that I guess wanna be publicized. Sometimes folks just wanna share that and-

Diane (18:38):

Oh.

Dr. Hunter (18:39):

... it does create an element of fear and hesitancy-

Diane (18:43):

Mm-hmm.

Dr. Hunter (18:43):

... around, um, COVID-19 and viral illnesses in children. Which is why I, again, stress the importance of receiving good, correct, concrete and current information from your health provider.

Diane (19:00):

And, you know, I think it goes full circle, too, Doctor. When you were saying, it's just so important to have a good relationship with your family doctor, with your- your medical provider. They are going to help you walk through this. They see-

Clay (19:15):

Mm-hmm.

Diane (19:15):

You all see this, we don't. You know, we don't. And that's another thing, don't be afraid to ask questions. Sometimes, we don't know what questions to ask, and we think, well this is a silly question I shouldn't ask. Or I shouldn't bother the doctor. I shouldn't bother the nurse practitioner. Oh my gosh. You know, it's your child's health. That's what you're trying to make sure that you understand, and it's, in the long run, is going to help everybody be on the same page.

Diane (19:46):

And, you know, you had made a- a point, too, about, um, children and the long-term effects. You know, is there... You know, we hear a lot about adults and long-term COVID. Is that as same- is that the same thing with children? Is there a long-term effect with COVID in infants or in children? Can you discuss that a little bit for us?

Dr. Hunter (20:09):

You know, it's- it's a little bit less clear about, um, I guess the effects of long-term COVID in children.

Diane (20:18):

Okay. Mm-hmm.

Dr. Hunter (20:19):

Um, I do think that, again, I- I stressed earlier, that children are so resilient. They can handle so much (laughs) as they are continuing to grow and, uh, continuing to- to- to thrive. Um, kids, again, have the ability to- to handle insults unlike adults that have comorbid conditions, that sometimes can prolong the effects of an- of a viral insult in a different way than when that same virus affects a child. So, I think it's important to, um, realize that, you know, long COVID, in some ways, may exist in children.

Dr. Hunter (21:05):

There can sometimes be a- a headache syndrome. There can sometimes be, um, a- a dizziness syndrome. That's the most, probably, the common complication that I have encountered with children who were affected with COVID. They might develop what we call, uh, lightheadedness or a dizziness when they change, uh, positions from seated to standing. Um, that's- that's something that's described as far as long COVID in children that we sometimes, um, see.

Dr. Hunter (21:42):

The other symptoms of- of COVID, as far as, um, neurological or multi-organ effects, or, um, autoimmune conditions, those things, um, are not necessarily as common in- in- in children. Um, and I think it's important for us to look for those things, but those would occur more often, I think, in adults.

Diane (22:11):

Hm.

Dr. Hunter (22:12):

And especially adults, uh, with comorbid conditions. Um, the coughing, chest pain, fatigue as much as six months after being infected. You know, some of those things, um, we can see more in, um,

adults who have what we call the long COVID. Um, sometimes, uh, a sense of taste or smell is, um, a long COVID, um, symptom that we can sometimes see. Um, headaches, brain fog, uh, difficulty with concentration. But, um, it's- it's- it's still kinda questionable as to, uh, how- how frequent these symptoms manifest and what- what we can expect as far statistics and how we're going to be able to, um, treat the kids that do have these long CO- COVID symptoms.

Dr. Hunter (23:14):

Um, I do think that the symptoms may not be the same for adults, um, versus children. And I think that when you have COVID, it's important for you to follow up with your pediatrician. Again, your healthcare provider, your family practice doctor or nurse practitioner who is your primary care, um, physician or provider, to make sure that you're not having trouble returning to your pre-COVID level of activity. So, if kids were involved in sports and they were playing soccer just fine, and then they had a COVID infection and now they, um, have issues, or they're not able to en- endure, um, or sustain their physical activity for as long as they did prior their COVID infection.

Dr. Hunter (24:14):

I think that it's important for us to monitor those children and, um, make sure that that resolves completely so that we don't see, um, just a- a deterioration in their, um, endurance levels and their activity levels, based on, uh, what is presumed to be a post-COVID, or a long COVID manifestation.

Dr. Hunter (24:41):

So, I think it's important if- if babies do have COVID, or children do have COVID, to really watch to make sure that there's not kind of a- a cognitive brain fog or, uh, a change in their, um, in their, uh, school, their grades, their, um, attention, their focus. And make sure there's not a change in their physical, um, fatigue. Like, what used to not make them tired now makes them tired. Uh, we've got to make sure that there's not persistent headaches or any, um, mental health or behavioral issue that could persist as they- as a, um, a long- a long COVID, uh, symptom profile.

Diane (25:28):

It's good to clarify this. You know, we needed the- needed the experience that you've had, that you have seen to know what parents should be looking for.

Clay (25:38):

Right.

Diane (25:38):

What is a- what they will do then-

Clay (25:40):

Right.

Diane (25:41):

... to talk to their physician. Because that's- that's the- the important thing to know, and to give that suggestion, that advice, if the child is lethargic or whatever. Because they know their child better than anybody else.

Clay (25:52):

Right.

Diane (25:52):

So, that was my point. Thank you for clarifying that here, to let parents know, pinpoint what to expect.

Clay (25:59):

Right. Right. And what your recommendation about vaccinations, if a- if a parent is wondering?

Dr. Hunter (26:04):

Well, I think all kids should be vaccinated. This- this is so important, and you know, kids as young as six months old can be vaccinated now. The- the vaccines have been proven to be safe. The vaccines have been proven to be helpful in reducing the incidence of COVID in- in communities, as well as the seriousness of the disease if someone does test positive and contract COVID. Um, it's important for us to maintain the, um, vaccination and immunization schedules, including a COVID vaccine for children as young as, um, six months old. So, the common ones that we are the Moderna and the Pfizer.

Clay (26:55):

Mm-hmm.

Dr. Hunter (26:55):

You know, um, there's a schedule for the, um, the kids. Um, Moderna's vaccine is a two-shot dose. Basically, we give a- it's a quarter of the strength of the dose of adults, and, um, the first shot is given, and then the second shot is given four weeks after the first. The Pfizer is a three-shot process, and each dose is only, honestly, a tenth of the adult version. The first two shots are given three weeks apart, and then the third is administered at least two months after the second shot.

Dr. Hunter (27:32):

So, it's important for parent to realize, um, a vaccine is vaccine, it is a shot. And sometimes when we give shots to the babies, of course they're gonna have some local-

Diane (27:45):

(laughs)

Dr. Hunter (27:45):

... tenderness and-

Clay (27:46):

Mm-hmm.

Dr. Hunter (27:46):

... you know, cry and, you know. We- I- I think we, at the doctor's office, try to make it so that they get a band aid of their choice. (laughs)

Diane (27:54):  
(laughs)

Dr. Hunter (27:56):  
And, a- a sucker and a sticker.

Diane (28:02):  
Yes.

Dr. Hunter (28:03):  
And make sure that (laughs)-

Clay (28:03):  
Always makes me feel better.

Dr. Hunter (28:03):  
... that we are-

Diane (28:03):  
(laughs) Yes.

Dr. Hunter (28:03):  
Absolutely.

Diane (28:03):  
Uh-huh.

Dr. Hunter (28:03):  
To make them feel better, and to make them realize that this is important for their health. And I think, um, kids, again, are so resilient and I think they- once they realize that this is helpful instead of, you know, a- a punishment or, you know, "I'm gonna take you and get some shots."

Diane (28:21):  
Oh, gosh.

Dr. Hunter (28:21):  
We can't-

Diane (28:21):

Yeah.

Dr. Hunter (28:22):

(laughs) We can't do that. We've really gotta encourage our babies to take care of themselves, and our infants and our toddlers and your young folks to really say, "We're going to the doctor, and the doctor is going to help us-

Diane (28:34):

Exactly.

Dr. Hunter (28:35):

... to stay well."

Diane (28:36):

Yes. Exactly.

Dr. Hunter (28:36):

The doctor is a good-

Diane (28:38):

Mm-hmm.

Dr. Hunter (28:38):

You know, a good visit. This is a- a- a- a positive place to be. And receiving your shots, you know, it's a- it's a proud moment when you can say, "I got my shots and I'm not vaccinated." Again, it's like putting on a protective coat.

Diane (28:53):

Yep.

Clay (28:53):

Yeah.

Dr. Hunter (28:53):

I have my armor.

Diane (28:54):

Mm-hmm.

Clay (28:54):

Yeah.

Dr. Hunter (28:54):

I am ready to go out into the world and play to my heart's desire.

Diane (28:58):

(laughs)

Clay (28:58):

There is so much value and not creating a stigma about going to the doctor with a child.

Diane (29:06):

Absolutely, yes.

Clay (29:08):

There are people who are still terrified-

Diane (29:10):

Yeah.

Clay (29:10):

... of doctor's offices. You hear... Like, I've never been worried about needles. They don't really... It was never a thing, and it was- it was not... I- I- (laughs) My nerves weren't ginned up like, "Oh, you gotta get a shot today. It's gonna hurt." It- it was just like... But I think that's important, because you want children to embrace getting routine things done in terms of... You don't want... Obviously, emergency is different. But getting vaccinated, getting routine checkups, going to the doctor is not a sentence, it's not a punishment. So I think you're right, people need to think that psychologically, you're doing something to a child if you're not preparing them for the visit.

Dr. Hunter (29:46):

Right. I totally agree. And I think we, as parents, are sometimes afraid. We, as parents, honestly, have a harder time (laughs) often, with the vaccination process than the baby does.

Clay (29:57):

That's a fact.

Diane (29:57):

Exactly.

Clay (29:57):

That's a fact.

Dr. Hunter (29:57):

You know? (laughs)

Clay (29:57):



That's a fact.

Dr. Hunter (30:01):

I've known several pediatricians to say, "You know what? You know, Mom, maybe we should have you wait outside."

Diane (30:06):

(laughs)

Dr. Hunter (30:06):

[inaudible 00:30:07]. (laughs)

Diane (30:08):

The anxiety level is too high with Mom. Yeah.

Dr. Hunter (30:11):

Yes.

Diane (30:11):

Yeah.

Dr. Hunter (30:16):

Yes, yes.

Diane (30:16):

Very-

Clay (30:16):

It's like, the baby gets a shot and Mom passes out.

Diane (30:16):

(laughs) Exactly.

Dr. Hunter (30:17):

Right. And that very gentle and soothing tone.

Diane (30:19):

Yeah.

Dr. Hunter (30:19):

You know? We're trying to make this not so much of an anxious or an event filled with anxiety.

Diane (30:26):

Right.

Clay (30:26):

That's right.

Dr. Hunter (30:26):

We- we definitely want to make it something that the - that the child realizes, okay, this is something that we need.

Diane (30:31):

Mm-hmm.

Dr. Hunter (30:32):

We need to get this so that we can be healthy, and we can face the world.

Diane (30:37):

You bet.

Dr. Hunter (30:37):

Um, I think that sometimes is- is- is difficult, um, depending on your experience personally, as a parent, with vaccines maybe as a child, or going to the doctor as a child. Sometimes, those might not have been the most positive experiences, and thus, you, you know, in some ways, may, um, project or predict, you know, those similar types of experiences for your baby. But we, as providers, really try, you know-

Diane (31:09):

Mm-hmm.

Dr. Hunter (31:09):

... our best to make it so that it's not a negative, and it's not something that is, um, a bad, um, experiences. It is- it is something that we- we encourage and definitely want to make sure that everybody is up-to-date and protected.

Diane (31:27):

Yes, that is the bottom line. You know, Dr. Hunter, as we wrap up our podcast today, uh, I- we would be remiss if we didn't ask, is there anything that we did not talk about, that we did not discuss, that you did not bring to the forefront that is important in your mind that we need to leave our listeners with today? 'Cause we would- we do not want to end this podcast with something that we did not, uh, touch on. So, is there any topic that we did not discuss today, in your opinion?

Dr. Hunter (31:59):

Well, I think that just... We've talked about a lot.

Diane (32:01):

Yes.

Dr. Hunter (32:01):

And I think-

Diane (32:02):

Thank you for that that, yes.

Dr. Hunter (32:03):

... that it's important for us to (laughs) realize that, you know, kids need to be vaccinated. And I think kids need to be specifically vaccinated for COVID. A lot of times you'll hear parents say well, "You know, I've never gotten the flu vaccine. I didn't get that COVID vaccine. I don't think my kids need to be vaccinated." Unless you are going to keep your child at home and not allow them to participate in any activities with other children, and in an environment with other people, um, they are going to need to be vaccinated.

Dr. Hunter (32:40):

It is- it is so important that we, as a community, are vaccinating. You know, um, it's a healthy community that is vaccinated. Um, when there are lacking vaccinations amongst children, especially, that's when we start to see disease outbreaks. That's when we start to see problems of, um, viral illnesses occurring. And then we're trying to find the- the basis and- and, um, eliminate that outbreak. Whereas, if we encourage vaccinations, then we don't see those specific outbreaks occur.

Dr. Hunter (33:19):

Um, children are less likely to- to experience serious or severe illness than adults. Again, children are so resilient. Some have become sick. There are some, again, that have complications. We talked about, um, the serious complications that would require emergency, um, attention, or emergency medical attention for a child. That being, persistent fever, shortness of breath. Again, any kind of chest pain or cardiac symptoms, that's that time to take that child, you know, to the doctor because that is not something to play around with.

Dr. Hunter (34:01):

But, if we're not vaccinated, children are more likely to have complications from a viral illness than they are if they are vaccinated. Again, the vaccination provides that protective coating. It's like, just armor. And it allows for you to continue to function and play as normal, and participate in activities as normal because you have the protection you need to- to fight off any exposures that you may encounter during your routine daily schedule.

Dr. Hunter (34:39):

I just wanna encourage those parents who may have some vaccine hesitancy to really consider this as an- a protection for your child. We, as parents, want to do everything possible to make sure our children grow up healthy and whole, and not ill.

Diane (34:59):

Yes.

Dr. Hunter (34:59):

We don't want to have to miss school. We don't want to have to miss activities.

Clay (35:06):

Or worse.

Dr. Hunter (35:06):

We don't want to have to go to the hospital.

Clay (35:06):

Yeah.

Diane (35:06):

Uh-huh.

Dr. Hunter (35:07):

And we don't wanna die.

Clay (35:10):

Right.

Dr. Hunter (35:10):

All right?

Diane (35:10):

Yeah.

Dr. Hunter (35:10):

We don't wanna see statistics and- and poor outcomes because we missed an opportunity to protect our child from something that is completely protectable. Like, we can- we can have the protection and- and decrease the seriousness, or totally eliminate the exposure to certain viral illnesses.

Diane (35:32):

And excellent points. Everything that you've said today is just bringing home the fact that you want your child, babies, the infant, the children, to have a fair shot at being a healthy- healthy adult. To be a healthy and happy adult as part of our community.

Diane (35:50):

Dr. Hunter, you have been excellent. Thank you so very much for your time today. You are very well-spoken, and we appreciate you being with us today. So that is going to wrap up today's Vax Matters.

Thank you so much for joining us. We hope you've learned; we know you have learned new facts that you weren't aware of. Join us next time for Vax Matters.