

Episode 6 – Why It’s Important to Get Children Vaccinated

With Dr. John Vanchiere and Brittany Tully

Diane (00:00):

If you're looking for facts about vaccines, you've come to the right podcast. So let's intro the music and get today's episode of Vax Matters started.

Diane (00:16):

Hi everyone. Welcome to Vax Matters, the podcast that explores the facts and exposes the myths about immunization. My name is Diane Deaton, and I'll be guiding our discussion today. If you're a parent or grandparent, you'll want to pay extra special attention to today's show. That's because we're going to be discussing the importance of childhood vaccines. And we have two guests who will be helping with the conversation. The first is Dr. John Vanchiere, chief of LSU Health Shreveport Department of Pediatrics Infectious Disease Section, and the immediate past president of the Louisiana chapter of the American Academy of Pediatrics. He is also a second-generation pediatrician from Lake Charles. Welcome to Vax Matters. This is our podcast, Dr. Vanchiere.

Dr. Vanchiere (01:09):

It's great to be with you. This is an incredibly important topic, so happy to be here.

Diane (01:14):

Indeed. Thank you so much. And also joining us is Brittany Tully, the Region Four communications coordinator for the Louisiana Department of Health. Brittany's also a mother of three, including twins, and will be able to provide a mom's very distinct perspective on the importance of vaccines for children. Thank you for coming today, Brittany.

Brittany (01:38):

Thank you, Diane. So excited to be here.

Diane (01:40):

So let's go ahead and jump right in. Most of us grew up knowing it was important for children to get vaccines, but of course in recent years, there has been some concerns raised about their safety. So Dr. Vanchiere, what do you typically tell parents who bring up their concerns about their vaccine safety for their children to you?

Dr. Vanchiere (02:02):

Sure. I think this is, this is probably one of the most important issues that gets raised is the question of safety. And that's because there's been a lot of misinformation and disinformation put out in different venues. And, and I think a few things are important here. One is that our vaccines are safer than they've ever been. While we are vaccinating against more diseases, we have improved every vaccine as much as we can. And that's an ongoing process. So if we think about a vaccine like pertussis vaccine, 20 years ago, we used a formulation of the pertussis vaccine that had a lot of side effects, arm swelling, systemic signs like fever after getting the vaccine and the, the vaccine we use now, although a little bit less effective is, is much safer.

Dr. Vanchiere (02:53):

That is many, few, much less side effects because of it. And that's because the formulation is different. This is, the vaccine we're using now is made just from the three key components to educate your immune system rather than the whole germ itself.

Diane (03:11):

So when you talk about pertussis, that's whooping cough, is that right, doctor?

Dr. Vanchiere (03:12):

That's right.

Diane (03:13):

Yeah.

Dr. Vanchiere (03:13):

That's whooping cough, and, uh, still, uh, a major issue, especially in adolescence. Um, uh, probably, you know, we know that, that, uh, dozens of babies nationwide die of pertussis in the first two months of life each year, that's, it's still a major issue.

Diane (03:31):

And I know that you always, when you're talking about vaccines, you always evaluate and reevaluate the safety of the, the specific types of vaccines, that's constantly going on. It's not just once in a while. It's constant, correct?

Dr. Vanchiere (03:44):

That's absolutely right. The, the companies that make vaccines, and in fact, all medications that we use, uh, are required to continue monitoring for side effects, unexpected events happening after those vaccines and medications are approved by the FDA. So it's an ongoing process that, uh, even in new populations where we're using vaccines, for instance, in pregnancy for, uh, you know, where we use flu vaccine, I've been on monitoring committees to look at safety of flu vaccines in pregnancy over many, many years because all of those are ongoing questions that, that we want to reassure the public that we're doing our due diligence to protect the safety as well as the health of, of everybody.

Diane (04:31):

And it's important to know about the due diligence and that kind of brings the, the topic up about the vaccine hesitancy. I mean, it's, it's a huge, it's becoming more and more of a factor, and it's a huge conversation. A lot of people talk about it. Why do you think this is the case?

Dr. Vanchiere (04:47):

I think there are a lot of factors, uh, that, that play into that. And, and, uh, you know, historically there's been vaccine hesitancy for hundreds of years. Uh, it's not a new issue by any means. And, and I, I encourage, you know, part of it is people will say, "Well, what's in the vaccine?" Well, that's all public domain. We all know what, what components are in the vaccine. And, and part of it is, is kind of a scientific, um, lack of understanding, uh, of what's happening. Some people will say, "Well, you know, I don't know how the vaccine works, so I'm very skeptical of it." And, and those are

challenging things. I, I, I, I talk to some parents and will say, you know, "Have you tried reading the back of the shampoo bottle when you're, when you're, uh, taking your shower to see what's in the shampoo bottle?"

Diane (05:37):
(laughs) Exactly.

Dr. Vanchiere (05:37):
And, and it's, it's like reading a foreign language and it, it's, you know, all these chemicals and all these things. And, and the fact is that, you know, we, we do know what's in the vaccines. We do know how they work. And, um, and really the goal of all vaccines is to educate our immune system on what to do if you see the real germ, if the immune system sees the real germ. It's a fire drill for your immune system. And, and that's really the basics of it.

Diane (06:07):
And you're trying to educate the public, you know, in layman's term. And I, I loved it. I think you said a- at one point, uh, earlier that you were saying something about Dr. Google did not go to medical school.

Dr. Vanchiere (06:18):
Right.

Diane (06:18):
And that's where so many people get their information and unfortunately, a lot of it is misinformation as well. That's why I wanted to ask Brittany, what were your thoughts as a mom? I mean, you were obviously very concerned, a young mom, you have a, a son who was five. You have twin boys who are three. What were your thoughts about the vaccines?

Brittany (06:39):
Well, I have many social channels and I'm a mom that's very active in the community. Um, I'm on TikTok, I'm on Facebook, Instagram, Snapchat, almost every social media platform.

Diane (06:49):
Holy cow.

Brittany (06:49):
And so, you know, I'm constantly flooded with this misinformation and I'm a part of a lot of mom groups. And when it comes to vaccines, I have a handful of my friends who are pro-vaccine and, uh, when they were rolling out the test for the COVID-19 vaccine in children, um, I had a handful of friends that were all for it, a handful of friends that weren't. Even when it comes to the flu shot in children, um, you're fed so much mi- misinformation, um, especially on the radio and, and driving in the car, uh, in the store even. And so when it came to my children, I had to sit down and do my own research.

Brittany (07:25):

I sat down and talked to the pediatrician, and I brought up my concerns. Um, I, my twins are three, but they were born early at 30 weeks. And they were hospitalized for three months in the NICU before they could come home, very fragile immune system. So when it came to, uh, vaccinating my children, my first boy was vacc- uh, vaccinated but when it came to the twins, I was like, "Oh gosh, they have such weak immune systems. I don't know if I wanna vaccinate them." But here's the catch 20, you need a vaccinate them to protect their little immune system. So I, I was torn and I have been torn. And as a mom, I, almost every day I'm torn when it comes to my children's health, I'll be honest.

Diane (08:07):

But you do your, you do your research. And that's the important thing that I think all of the doctors... And you talk to your doctor, your pediatrician one-on-one and ask the questions. I think so many times that we've said before that if you don't do research, you don't know what questions to ask and you wanna be well informed about your children's health and about the vaccines. Do you find that's true too, Dr. Vanchiere?

Dr. Vanchiere (08:28):

Oh, absolutely. And, and I feel lots of phone calls from, from other doctors asking me, "Hey, one parent asked this question," but they didn't know the answer to, "Can you help me with it?" And, and that's part of, you know, my role as an infectious disease specialist and a researcher who's, who does clinical trials with vaccines is to, to be a resource for physicians as well as parents in the community to provide accurate information about what's happening and how studies are performed and, and what are the goals of the studies and, and how we interpret the data.

Diane (09:02):

And I think it's really not a good idea to get all of your information or to say, "Okay, I went online, I Googled this," as we were talking about a few minutes ago, and then take that as gospel truth.

Dr. Vanchiere (09:12):

Right.

Diane (09:12):

You get into big trouble when that happens.

Brittany (09:15):

Absolutely.

Dr. Vanchiere (09:15):

Yep. Very quickly. (laughs)

Diane (09:17):

And, and we were also, you, when you were talking about, um, some of the, the, the past experience about, uh, the public and kind of maybe short, short memories about some of the outbreaks many years ago, I did not realize how terribly infectious measles had been.

Dr. Vanchiere (09:34):

Right.

Diane (09:35):

Huge measles, can, can you talk about that?

Dr. Vanchiere (09:37):

Sure. Measles, uh, is, is a serious problem still worldwide, and we don't have what we call endemic transmission of measles in the United States any longer, but measles is still considered the most infectious agent known in terms of the number of virus particles that you have to be exposed to to actually get infected is very, very small. And most, most folks don't think about that, but, but exposure, you know, the number of actual germs that your, your body encounters, it's important. With some germs, you have to be exposed to millions of the germ, like salmonella or, or something. Whereas other germs like measles, you only need a handful of measles virus, uh, to get in your nose and, and then you'll become infected.

Dr. Vanchiere (10:22):

And, and with measles, that transmission can happen. If somebody with measles passes through a room, uh, and, and then two hours later, someone who's not vaccinated walks through that room, they can get measles. It's that, um-

Diane (10:35):

You're kidding.

Dr. Vanchiere (10:36):

... it's that infectious. It's really an incredible thing. Yeah.

Diane (10:40):

I did not realize... Did you know that, Brittany?

Brittany (10:41):

I had no idea.

Diane (10:42):

Yeah.

Dr. Vanchiere (10:42):

Yeah.

Brittany (10:42):

I didn't realize how contagious measles, you know, I mean-

Diane (10:45):

Uh-uh.

Brittany (10:46):

... with the stomach virus, yes, that's very contagious, but wow. Okay.

Diane (10:49):

Yeah.

Dr. Vanchiere (10:50):

Right. Right. Right. And, and the only, the thing now that rivals that infectivity of, of measles is actually the Omicron variant of, of COVID, uh, is, is rivaling that infectivity.

Diane (11:02):

Well, let's talk a little bit about the vaccine schedule-

Dr. Vanchiere (11:05):

Mm-hmm.

Diane (11:05):

... because that's important for, for youngsters. And, and Brittany, we were talking prior to going on air about that your, your boys, the twins, they were, you said they were very, they were s- sick. They were, had some issues early on, and you were reluctant about keeping on schedule or doing the vaccines. Could you kind of fill us in on that too, and talk to Dr. Vanchiere about that?

Brittany (11:27):

Right. So my twins, uh, like I said, they were born at 30 weeks and we were in the hospital during their first year of life. When they finally came home, they had colic. They had, oh gosh, they had reflux. Um, their routine was when they were hungry, they would scream because they were hungry. I would feed them. They would throw it up and scream because they were hungry again. It was very hard to keep food down. So we dealt with that their first year of life, and then came the holidays time. Um, the holidays, right before Thanksgiving, the twins got RSV. We had a hospital stay for that first week. And then we came home right before Christmas.

Brittany (12:05):

We had a three week hospital stay, RSV again. And that time, both boys had to go to the PICU, um, the pediatric ICU for that week. And so, you know, they had their newborn shots, their three month shots, but when it came time for the holidays, we really got off schedule when, when it came to the vaccination schedule. And I knew in order to protect their little immune systems, we had to keep vaccinating them. But that whole first year of their life as a mom, I was, I'll, I'll be honest, I was freaking out.

Diane (12:36):

Sure.

Brittany (12:36):

How do I protect my babies? But if they're sick, I certainly can't vaccinate them 'cause they're always sick. It was just, I was, I felt like as a mom, I was always playing catch up.

Diane (12:45):

Mm-hmm.

Brittany (12:46):

And you, you gotta vaccinate them-

Diane (12:47):

Yeah.

Brittany (12:47):

... to protect them. But if they're always sick, how do, how do you do that?

Diane (12:52):

Do you hear that a lot, Dr. Vanchiere? Do you hear that from concerned parents?

Dr. Vanchiere (12:56):

We do hear those concerns. The, the, uh, especially for, for children who are born premature, that's really, um, starting them out with an immune deficit because they haven't gotten an endowment of immune protection from mom through the placenta. Uh, if they don't reach, you know, near, near term of delivery, near the time that they're expecting to be born, that 34 to 38 weeks is when a lot of mom's immune protection is passed through the placenta to the babies. And so premature babies are, are really a special group. They're all special, but they're, they're particularly, uh, of concern. They're more susceptible to infections like respiratory syncytial virus or RSV that can be very problematic and life threatening for, uh, for premature babies.

Dr. Vanchiere (13:41):

That's one where we don't have a vaccine. People have worked for 50 years to try to develop an RSV vaccine. And we're just beginning to scratch the surface and, and actually have some clinical trials ongoing for an RSV vaccine that we actually vaccinate moms during pregnancy to protect the baby for the first few months of life. And, um, so it, it, it is challenging. We know that the, the premature baby's immune system matures much like that of a term baby. Um, they may be a few months behind, but by the time they're one to one and a half years of age, they're, they're right on track with a term baby. And, um, we don't consider them to be particularly fragile at that time.

Diane (14:28):

Yeah. Brittany's ever shaking her head. Nope.

Brittany (14:30):

No.

Diane (14:30):

They are not. (laughs)

Brittany (14:31):

They are very resilient now. I- i- i- it's, it's almost like Dr. Vanchiere, it was night and day. Once they reached their one year, uh, I would say around 18 months, once they got to be 18 months, it was night and day. Now they do get sick, don't get me wrong, but I can care for them like I would care for myself now. You know, I'm not having to drive them to the hospital. So yes, very resilient boys for sure. (laughs)

Dr. Vanchiere (14:54):

Yeah. And one thing that's interesting, I'll tell you is that premature girls actually do better than premature boys, uh, overall. Yeah. (laughs)

Brittany (15:04):

I gotta toast to that. (laughs)

Diane (15:07):

(laughs) So a, a question for you, Brittany, we've, we've talked about before, uh, as far as planning your family when you were starting to think about, you know, your pregnancies and trying to get pregnant with your first child and then with your twins. It was always just so stressed to make sure that you, as the mom, you had all of your adult shots, all of your vaccinations, everything to get your body primed, to get you ready. I have to tell you for the longest time I, you know, I have not had children, but for the longest time, I always thought, well, you got your shots when you were a child, and you were good through most of your life. I didn't realize that you have a series of adult shots too. I'm always learning even as old as I am, that you do have to do that.

Diane (15:49):

So was that something that you planned for, that you wanted to make sure, of course, that your body was in the best health possible so that you were ready to go for the, you know, that you didn't have to be concerned about other vaccines or shots during the pregnancy that your body was, was primed for babies?

Brittany (16:08):

Well, you know, once again, speaking about the, um, generation of misinformation-

Diane (16:12):

Mm-hmm.

Brittany (16:12):

... and social media, you h- you hear a lot of times that women struggle with having children. And so my biggest fear was that I would struggle as well. And Dr. Vanchiere can maybe break this myth or, or maybe talk about this, you know, elephant in the room because a lot of moms deal with this, but my mother had a lot, had a hard time getting pregnant with me. She miscarried a lot and I was, I, I'm, I'm the only child in, in my side of the family. And so when it came time for me to get pregnant, I said, "Oh my gosh, I'm gonna struggle getting pregnant. I'm going, I'm going to struggle." I did not. I did not at all.

Brittany (16:49):

And so, but getting primed to have kids though, like you said, I didn't realize that, you know, when you turn into high school age or 17 and 18 years old, there is a whole nother series of shots that you have to get. I did not plan for that. And so when I would go to my routine doctor's appointments, they would... I remember my doctor slapped down a piece of paper and he's like, "You need these shots, these shots, and-

Diane (17:11):

Right.

Brittany (17:11):

... and I didn't realize that. And so I'm up to date on all my shots. Um, and actually in fact, I lost a ton of weight before I got pregnant because it was my biggest fear, once again, that I'm going to struggle to have kids, but it's not a generational thing. It could be, but it could not be. And Dr. Vanchiere can talk, talk on that point. You know, but it was my biggest fear that will I be ready, um, physically to-

Diane (17:34):

Right.

Brittany (17:35):

... to have children?

Diane (17:36):

Right. What are, are pregnant women, Dr. Vanchiere, can they have vaccines? Can they have shots? What, what do they, what do they need?

Dr. Vanchiere (17:46):

So, you know, pregnancy's a very unique immunologic state in the sense that mom's immune system in some ways is kind of turned down a little bit, right? Because the baby is half mom, half dad. And, and if mom's immune system could actually see the baby, it would reject the baby like an organ transplant. Right? So mom's immune system has to be just a little turned down. But if mom's immune system is, is too weak, we don't have survival of the species, right? We, we want mom's immune responses and protection to be very robust. So that's a real fine balance in pregnancy. With respect to vaccines in pregnancy, um, there are some that we recommend, particularly influenza and, uh, pertussis and now COVID-19 vaccine.

Dr. Vanchiere (18:44):

And that's because we know that pregnancy is a high-risk time with any of those infections. And, and if mom has flu or COVID, she's more likely to have a premature baby, she's more likely to end up in the hospital in an intensive care unit or, and even have maternal death. And, um, we know that over 300 moms in the United States have died of COVID during pregnancy.

Diane (19:11):

Oh gosh. Hm.

Dr. Vanchiere (19:11):

Right. And those are preventable with the vaccine. Okay? So, you know, but not all vaccines are recommended for use during pregnancy and some of the virus vaccines like measles, mumps, rubella are not recommended in pregnancy because those are live virus vaccines-

Diane (19:31):

Oh, okay.

Dr. Vanchiere (19:32):

... that could actually have adverse effects on the baby. Okay? It's rare but because of that possibility, those vaccines are not recommended in pregnancy.

Diane (19:44):

Is that the Messenger RNA vaccine?

Dr. Vanchiere (19:46):

No.

Diane (19:46):

I'm, I'm confused about the... Okay. The live. Okay. Could you clarify?

Dr. Vanchiere (19:50):

So live virus means that it is a weakened germ.

Diane (19:53):

Okay.

Dr. Vanchiere (19:53):

And, uh, and so for measles, mumps, rubella, all three of those germs are in combination in one vaccine, but they're a, what we call attenuated, which means they're a weakened germ that elicits an immune response but doesn't cause the disease.

Diane (20:11):

Getting back to the children, now that the childhood, the vaccines we were talking about, there is a schedule. And are there, doctor, is there also, um, for the smallest or the, just the, the newborns, do they have a, is it an oral vaccine that they take in addition to the shots? Am I correct in that? I, I, I don't remember.

Dr. Vanchiere (20:32):

Yeah.

Diane (20:32):

I thought a friend of mine said that her grandson-

Brittany (20:34):

There is.

Diane (20:34):

... had a combination of both-

Dr. Vanchiere (20:36):

Yeah.

Diane (20:36):

... the oral and the, and the shots in their, their little leg or their thigh or-

Brittany (20:40):

And it breaks your heart.

Dr. Vanchiere (20:41):

Yeah.

Diane (20:42):

That's, (laughs).

Brittany (20:42):

Yes. (laughs) Oh, I know 'cause you just wanna hold him there screaming and, and yes. But I remember, Dr. Vanchiere, um, they had to have a series of oral under the tongue-

Diane (20:50):

Is that it? Okay.

Brittany (20:50):

... and, and in the thigh.

Dr. Vanchiere (20:51):

Right. Yeah. And so those are each for different germs.

Diane (20:54):

Mm-hmm.

Dr. Vanchiere (20:54):

And the oral vaccine we use is again, it's the rotavirus, which is a, um, a diarrhea virus that can be very problematic in infants, especially. And so there's a strict timing for that so that babies need to start that series by 42 days of life-

Diane (21:13):

Oh, that early. Okay. Yeah.

Brittany (21:13):

Early.

Dr. Vanchiere (21:14):

... and, and then complete it, uh, in a timely manner. And it, and that's one where if you miss a dose, you typically wouldn't restart the series. And if they're over like three months or so, you would not say, you wouldn't give them an additional dose or anything like that. There's sort of a defined time period for that one.

Diane (21:34):

Is there any time or any instance if you did miss a, a shot or vaccine in a series that you would have to actually start all over again? Does that ever happen?

Dr. Vanchiere (21:44):

Yeah, generally, no in the sense that, um, you can catch up with doses over time.

Diane (21:51):

Okay.

Dr. Vanchiere (21:52):

And as we're learning, like with the COVID vaccine, there's some advantage to the spacing with some certain vaccines. And what you'll find i- is that other countries where infants get vaccinated, they may get a schedule of one, three and five months. Whereas the United States, we typically use two, four and six months.

Diane (22:14):

Any reason for that?

Dr. Vanchiere (22:15):

It's, it's largely because of that's the way they were studied-

Diane (22:20):

Oh, okay.

Dr. Vanchiere (22:20):

... in the clinical trials. And, and the FDA is very strict about how a vaccine is approved to be used is based on what, how the vaccine was studied.

Diane (22:33):

You know, some vaccine hesitant parents, you know, they're people out there believe they don't need to get their child vaccinated because everyone else is vaccinated. So what do you say (laughs) to that train of thought or that, quote unquote, "logic"?

Dr. Vanchiere (22:50):

So it's complicated. (laughs)

Diane (22:53):

Mm-hmm. Yeah. Yeah. So I would imagine so. Yeah.

Dr. Vanchiere (22:53):

Yeah. There are some children who cannot be vaccinated against particular germs. So if a child has, uh, severe immune compromise for some reason, either cancer chemotherapy or, or genetic disease, they may not be able to get live virus vaccines like measles. And in that case, it's critically important that everybody around them be vaccinated to protect them. And the same is true in the

first month of life. That's part of why we vaccinate moms in pregnancy against pertussis, flu to prevent the baby from getting those diseases early in life because mom can transfer some of her immunity to the babies.

Brittany (23:35):

I didn't realize that.

Diane (23:36):

Mm-hmm.

Dr. Vanchiere (23:36):

Yeah. Yeah.

Brittany (23:36):

Wow. I did get my flu shot when I was pregnant. And, um-

Dr. Vanchiere (23:40):

Absolutely.

Brittany (23:40):

And, and I was fine.

Dr. Vanchiere (23:41):

Mm-hmm.

Brittany (23:41):

Now, I got sick a lot when I was pregnant because I had the lower immunity. I, I was always catching colds, always.

Diane (23:47):

Oh, uh-huh.

Dr. Vanchiere (23:48):

Yeah.

Brittany (23:48):

Um, but you, you know, and, and you can't take anything, barely anything as a pregnant woman, but, um, I did not know that, that you can pass the antibodies. Um, when I got the flu shot, it went to the babies. I did not know that.

Dr. Vanchiere (23:58):

Yep. It definitely protects the babies, keeps the babies out of the hospital, keeps it from having severe flu. Yeah.

Diane (24:04):

And, you know, we've heard so much, especially during COVID about herd immunity. What in the world (laughs) is that? You know, when you're talking about that, is there a certain percentage of the population that needs to be vaccinated to reach herd immunity? Are we just saying, oh gosh, you know, what we were just talking about a moment ago. Oh, everybody that I work around, you know, they're vaccinated. So my workplace has herd immunity. I, I, I really, I don't really understand it. It's just kind of a, you know, just kind of a phrase that rolls off people's tongues. What do you think, doctor?

Dr. Vanchiere (24:40):

So it is an important concept. And part of the, the way I like to describe it is for each germ, there is, is some magic number and, and it varies for each germ after which if, if that number of people are protected, vaccinated, then the germ can't continue to circulate in the community. Okay? So for measles, that number's about 95, five, 97%, right? Because measles is so infectious, then it will find the people who are not vaccinated, right? Other germs, 70 to 80% is adequate. And, and so things like pertussis, we're talking generally about respiratory virus, respiratory germs. Uh, for pertussis, 70 to 80% is, provides pretty good community protection. For COVID, we had hoped that number would be 70 to 80%, but it's not, it's definitely over 90%. Right? And so until-

Diane (25:47):

It has to be that high.

Dr. Vanchiere (25:48):

... that number of folks are protected or that proportion of folks are protected, the germ can continue to circulate in the community.

Brittany (25:58):

Hmm.

Diane (25:58):

Think that's gonna happen, 90%?

Dr. Vanchiere (25:59):

Not anytime soon.

Brittany (25:59):

(laughs)

Diane (26:05):

(laughs) Oh gosh. And so, you know, we are also talking about, uh, the rare diseases, uh, for children to be vaccinated against and things that you don't hear about so much like the polio. Is that-

Dr. Vanchiere (26:17):

Mm-hmm.

Diane (26:18):

... still, uh, I'm, I'm sorry. I, I don't know. Do you still vaccinate children for polio ?

Dr. Vanchiere (26:24):

Yep, we sure do.

Diane (26:25):

Okay. But 'cause you don't hear about it anymore-

Dr. Vanchiere (26:27):

Right.

Diane (26:27):

... because it was near, but it's not been eradicated, correct?

Dr. Vanchiere (26:30):

Correct. S- so-

Diane (26:32):

Okay. So there's a difference.

Dr. Vanchiere (26:32):

... worldwide, uh, as of three years ago, there was polio circulating in just two countries and there are three different types or strains of polio. And only one of them was circulating. Now with all the geopolitical turmoil and COVID pandemic reducing vaccine uptake, we're seeing new polio in countries where we had previously eradicated it. And so that's what happens when you lighten up, when you stop vaccinating, uh, or pause your vaccines for whatever reason, these germs are still there and can resurge. Yeah.

Dr. Vanchiere (27:15):

For polio, most people don't know that a case of polio is really an indicator of lots of polio germs in the community. And basically when it comes to polio, only about one out of 100 or 200 people who get infected with germ will actually develop polio. So it's not everybody. Which also tells you that if you see one case, you know, that there are hundreds of people who actually have the virus.

Brittany (27:48):

So you're saying doc- Dr. Vanchiere, that, um, let's say, hypothetically, someone had polio in this community, there could be 90 others walking around uninfe- with no symptoms carrying the virus.

Dr. Vanchiere (28:01):

Correct.

Brittany (28:02):

Wow.

Dr. Vanchiere (28:02):

And spreading it.

Brittany (28:02):

Wow.

Dr. Vanchiere (28:03):

Yeah.

Diane (28:03):

It is a very, it's a very difficult situation to try to understand. And you're trying, and especially, you know, with young children, you want as a mom, as a parent, you want to do the absolute best thing almost over the top. You know, you hear a lot about the helicopter parents just wanting to make sure (laughs) that their child is safe. And, and, you know, you, you were saying, they're, they're not, uh, they're, they're not, they're not unbreakable, but they're not breakable either that, that easily. You know, so what are, what are some of your thoughts too, you know, Brittany, and, and some of your, your mom friends?

Diane (28:36):

You know, you, you talk a lot, you know, to young moms and to young parents, concerns that you have right now that you continue to have. You have great information, you said, you have a lot of sources, smart, young people, but sometimes in some communities, they might not have the resources that you have and all parents, I would, they would wanna do the best for their children.

Brittany (28:57):

Absolutely. Especially in rural communities.

Diane (29:00):

Yes. Mm-hmm.

Brittany (29:00):

Um, you know, u- u unlike Baton Rouge where we have almost everything. And then on top of social media, there are some communities out there still that aren't on social media.

Diane (29:10):

Mm-hmm.

Brittany (29:10):

And, you know, in my mom's circle of friends, especially when it comes to certain vaccines, like the COVID-19 vaccine, when they started talking about giving it to kids five and under, I had a handful of my friends who said the vaccine itself was rushed. I definitely don't wanna give it to my kid. And you hear, I, I heard that, I heard wild and crazy, you know, I, I was just hearing everything come from every angle. And so I just had to kind of take in what everybody was telling me on social media, talking to my doctors, doing my research and say, "You know what, so and so can do that for their family, but this is what I'm going to do for mine." You know?

Diane (29:50):

This is a choice for my family. Yes.

Brittany (29:52):

Right. And I don't judge anyone-

Diane (29:54):

No. Hm-hm.

Brittany (29:54):

... um, for getting certain vaccines. I actually have a good friend of mine. She's very holistic and she chooses not to va- vaccinate her kids at all. None of her family is vaccinated. She even makes her own soap and her own shampoos, you know? And so she's one of those moms, you know, and I love her, that's her choice, but for my family, you know, because in the, once again, the world of social media and misinformation, it's just, you have to sit back and talk to your spouse, talk to your family, um, in your intermediate circle and, and figure out what is best for, for you and your family.

Diane (30:27):

And as you were saying, it's really good for people now to ask more questions, you know, to ask and ask. But on the other hand, Dr. Vanchiere, you've gotta be careful of the answers that they get. They need to get them from their doctors, from professionals and not just from Joe Blow on the, off the street. Or I had, you know, my mother-in-law's brother's son had something awful happen, and that can happen to you. You just, you, you can't, it's kind of almost a hysteria after a while. You've got to be so careful. And I'm sure that's when talking to your doctor and the calmness of the doctor explaining what you need to know.

Dr. Vanchiere (31:12):

And it, it's, it is complex. And I think it's important to acknowledge that none of us who are parents want to ever make a decision that harms our child, right? Um, and seat belts are not perfect, right? If you're in a crash and you're driving really fast, a seatbelt can injure you because it's tight across your belly, right? It can damage your liver and your spleen, but seat belts are 99.9% effective at saving lives in a car crash, right? No vaccine is perfect either. There are very rare side effects. We're familiar with those, with the Johnson and Johnson vaccine against COVID and rare blood clots. But that means one out of a half a million. So very rare. They can be severe, but overall, the protection provided by the vaccine, the benefits of the vaccines far, far outweigh the, the minuscule risk.

Dr. Vanchiere (32:15):

And, and I try to be honest with parents that we're talking about vaccines and vaccine safety. We have to compare that to the real disease that we're trying to prevent. So blood clots are rare with the vaccine for COVID, but they're very common with COVID infection. Heart inflammation, rare with the vaccines, particularly mRNA vaccines, one out of 20,000 teenage boys. But with COVID infection, we're talking about one out of five have blood clots and heart inflammation. Okay? So we have to know not just what can happen, but how likely is it from happening and compare that to the real disease.

Diane (33:06):

That was a great analogy when you were talking about the seat belts, that 99.9, you know, to save lives, that they're not perfect just like vaccines, but what, goes a long way. Is there anything else

you'd like to, to mention, you know, today, Brittany, about your family, about your experiences before we close?

Brittany (33:24):

Well, you know, um, Dr. Vanchiere just said that it outweighs the risk.

Diane (33:29):

Mm-hmm.

Brittany (33:29):

And my, my family and I were very active in the community. Um, my oldest boy goes to daycare. So he's around this cesspool, (laughs)-

Diane (33:38):

Yeah.

Brittany (33:38):

... cesspool of germs.

Diane (33:40):

Literally. Huh? (laughs)

Brittany (33:40):

Yes. Uh, we just got over the stomach virus-

Diane (33:43):

Oh. Mm-hmm.

Brittany (33:43):

... in my house. And, um, you know, he picked it up from daycare and then the twins, uh, the twins also go to daycare. And my oldest boy, uh, we coach his tee-ball team. So what I mean, we're very active in the community. So when I step back and I look, since we're always going places and every weekend we're doing something and we're touching doorknobs and we're going here and we're going there, God knows what I'm bringing home and, and what my kids are bringing home. So I look at it. And once again, if we're gonna be this active and we're gonna live everyday lives and not shelter ourself in place, let's get vaccinated.

Diane (34:17):

Mm-hmm. Closing thoughts, Dr. Vanchiere.

Dr. Vanchiere (34:19):

Well, I think you, that's well, just well said, you know that, um, we do want to have quote, "normal lives", but normal is always changing. You know, normal is different for when you have young babies compared to when you have older kids, right?

Diane (34:34):
(laughs)

Brittany (34:34):
Correct. Yeah.

Dr. Vanchiere (34:34):

It's a different normal. And, and so, you know, vaccines are incredibly safe. They have no longterm negative side effects. The positive side effects are great, saving lives every day. And that's what vaccines do, keeps people out of the hospital, keeps people well, well kids can learn in school and, and that's why we encourage vaccination for flu so kids can stay in school and continue to learn. All of those things. So, um, the message is very positive here. Louisiana is a pro vaccine state. The data proves it and, uh, and we need to continue focusing on the details, the specific science of the vaccines and move forward.

Diane (35:24):

And so the bottom line again, is stronger immunity, stronger community.

Dr. Vanchiere (35:28):

That's right.

Diane (35:28):

Dr. Vanchiere, thank you very much for your time. And Brittany, (laughs) I know you've gotta get back to your adorable family. Oh my gosh. I can't imagine.

Brittany (35:36):

They're probably breaking something now.

Diane (35:36):

(laughs)

Brittany (35:37):

My mother has them and I'm like, "Please," if my phone lit up, I'm wondering if, if that's her. (laughs)

Diane (35:42):

Well, you better check your messages right now, but we appreciate it. Yeah. Yeah.

Brittany (35:45):

Thank you.

Diane (35:45):

Just so much great information. And we do hope that you've enjoyed today's discussion on childhood vaccines and the very crucial and important role they play. That does it for today's episode. We'll be back with another new one soon. Until then, please be careful and please be well.

