

Episode 8 – MMR (Measles, Mumps & Rubella)

With Dr. Sandra Guerguis

Diane (00:00):

Vax Matters is here to provide clarity when it comes to vaccines, we uncover the facts and expose the myths about vaccines in every episode. I'm Diane Deaton

Deon (00:11):

And I'm Deon Guillory let's get this episode started.

Diane (00:21):

Thanks for tuning into Vax Matters where we have a special episode today that parents of little ones will definitely want to hear. I'm your host, Diane Deaton and helping me guide the discussion today is the one and the only Deon Guillory.

Deon (00:36):

I, I like that, that one and only. (laughs).

Diane (00:38):

Uh, yes. (laughs).

Deon (00:38):

Thanks, Diane. It is great to be here. Always great to be with you. And once again, we've got a fantastic episode today. We're covering measles, mumps, and rubella from beginning to end joined by Dr. Sandra Guerguis. Dr. Guerguis specializes in pediatric infectious diseases at Our Lady of The Lake Children's Health Infections Disease Center here in Baton Rouge. Hello to you, Dr. Guerguis, welcome to Vax Matters.

Dr. Guerguis (01:04):

Hi, thank you so much for having me here.

Diane (01:06):

It is really our pleasure. And as I mentioned earlier, parents in particular will be interested in today's episode because we're discussing the MMR vaccine, which may sound familiar because we usually receive it as kids to help protect us against measles, mumps, and rubella. So doctor let's start with the measles. Can you tell us about this viral infection its symptoms and where it originated?

Dr. Guerguis (01:33):

So the measles, like you said, is a virus and it predominantly causes infection in the lungs. Um, it can also spread to other parts of the body, including the brain, and that's kind of the most concerning for us on our end, as, as doctors and also as parents. Uh, the most typical symptoms that we see in, in kids when they get the infection is actually a high fever, 104 Fahrenheit, a red bumpy rash that starts on the head and spreads, downwards, cough, runny nose and red eyes. The, the concerning symptoms that I was mentioning was when it goes to the brain. Um, and, and that actually can cause death, but most typically causes a lot of confusion, headaches, uh, vomiting, even things like that.

Deon (02:13):

Now, from there, let's talk a little bit, uh, about the mumps, but can you tell us about that?

Dr. Guerguis (02:19):

Sure. So the mumps is also a virus, um, and that one causes, uh, the, the, the glands in the cheeks to actually swell up. Um, those, those glands are the ones that produce saliva in our bodies and helps keep the, the tongue and the mouth all moist. And so when, when kids have that, they tend to not feel very well. It also causes fever, headache, weakness, some mus- muscle aches as well.

Diane (02:43):

And when you talk about rubella, the R of the MMR, maybe not as well-known because a much smaller segment, uh, this applies to much smaller segment.

Dr. Guerguis (02:55):

You're right. So, um, we've actually in the US eliminated rubella a few years ago. And so we don't hear as much about rubella as we do about the other two viruses. And the other thing important about rubella is that it causes much more mild symptoms than measles in kids. Um, so same thing, fever and rash, and just making them feel kind of icky and gross. But, um, where we worry the most about rubella is actually in pregnant women-

Diane (03:19):

Mm-hmm.

Dr. Guerguis (03:19):

... because they can pass that on to their unborn baby. And it can cause a lot of birth defects.

Diane (03:24):

Maybe more people are familiar with this name, German measles.

Dr. Guerguis (03:28):

Exactly. You're right. Yes.

Deon (03:30):

So let's talk about the measles itself. Why are measles so contagious?

Dr. Guerguis (03:36):

That's a great question. Um, so it's actually one of the most contagious of the infections that we, that we know about or talk about.

Diane (03:43):

Really?

Dr. Guerguis (03:43):

Yes. Still today. Still today. Even with COVID. (laughs).

Deon (03:46):

Oh, wow.

Diane (03:47):

Oh, gosh.

Dr. Guerguis (03:48):

Um, so they say that, you know, the, the virus particles they're usually transmitted through your mouth through, uh, respiratory droplets is what we call it. And they can stay in a room up to two hours after someone leaves that space. And so-

Diane (04:00):

Up to two hours after the person's been there?

Dr. Guerguis (04:07):

Mm-hmm. Exactly.

Deon (04:07):

So you could actually not-

Diane (04:07):

Yikes.

Deon (04:07):

... know that someone was in that room and you can contract it?

Dr. Guerguis (04:09):

Exactly. And what's more confusing about measles is that you can be contagious in the four to five days before you actually develop the fever and the rash. And so you could be going around spreading it without actually knowing that you're even infected.

Diane (04:23):

Oh, my goodness. That is very scary.

Dr. Guerguis (04:25):

Very scary indeed. (laughs).

Deon (04:26):

My mind is just blown right now-

Diane (04:28):

Yeah.

Deon (04:28):

... from hearing this.

Diane (04:29):

We're trying to wrap our brain around this because you, you have no clue. Now, you, we were talking prior to beginning our podcast today about New York, just a few years ago, there was a pretty serious outbreak of measles, and you were there.

Dr. Guerguis (04:43):

Yes. I was actually, uh, doing my training over there in New York, in 2019 when we had all over the US, we had a big spike in cases. So since the vaccine came out in the 1970s, we've had, uh, about less than a hundred cases per year in the US, and unfortunately in 2019 that we saw over 1200 cases that year.

Diane (05:03):

Why?

Dr. Guerguis (05:04):

Yeah. So it's a good question. Um, for, we're not really sure why in that year, specifically it happened, but the, the cases that have been investigated were all kind of related to, uh, people who were from the US who were unvaccinated and traveled abroad to some countries where, um, they don't, they don't vaccinate as much or communities that don't vaccinate as much. And so they came back here and, you know, it could be in that time period when they didn't know that they were contagious and just kind of spread it outwards to their community members.

Diane (05:33):

Especially in New York.

Dr. Guerguis (05:34):

Yeah. Yeah.

Deon (05:34):

Right. When people are in close quarters-

Diane (05:38):

Mm-hmm.

Deon (05:38):

... you know, and you have such a, such a huge population, it's just a small area. So it, things like that can spread really quickly.

Dr. Guerguis (05:42):

Exactly. Yeah. (laughs).

Deon (05:45):

Oh, boy. Uh, so you, you did mention the, the vaccine-

Dr. Guerguis (05:49):

Mm-hmm.

Deon (05:49):

... um, be developed in the seventies. Tell us more about, um, the MMR vaccine, um, and how it was created in, in all that jazz and how, you know, it was able to see what we're seeing today out outside of that, that spike that, um, happened a few years ago.

Dr. Guerguis (06:09):

Yeah, sure. So, um, so basically the first measles vaccine actually was created in the 1960s, but by that time it was by itself. It wasn't grouped up with the mumps and rubella that we have, it they were-

Diane (06:20):

So they were standalone then?

Dr. Guerguis (06:22):

Mm-hmm.

Diane (06:22):

Okay.

Dr. Guerguis (06:22):

Exactly.

Diane (06:23):

Mm-hmm.

Dr. Guerguis (06:23):

Yes. All three of them kind of in the 1960s, I think 63 was the measles, 67 was the mumps and then 1969 was rubella. So just very close to each other. Um, but it actually came from a measles virus that was taken from, uh, students who were ill with that infection. And so they, they purify the virus, they isolated and basically just, um, grow like the antigens basically, so that your body, when it sees it, it can form that immune antibody response. And so if you're ever exposed to it again, your body already has seen what the virus looks like and can go out and, and attack it. Um, and so that first vaccine came out I, I, in the 1963, they kind of worked on it, developed it, tweaked it a little bit. And so 1979, I believe, uh, sorry, 69, the, the one that we, um, now have in the combination vaccine came to be. Um-

Diane (07:17):

Is it better? Is it more convenient? Why? That's interesting why they were all put together as a three.

Dr. Guerguis (07:24):

Right. Yeah. So we had had a lot of success with grouping vaccines together for kids, um, with the, the whooping cough, pertussis, tetanus vaccine in the past. And so they thought that, you know, given these three diseases that we vaccinate kids for, when they're young, it, it's actually much more

convenient for kids to have them grouped together as well. Um, and so that they're not getting, you know, three jabs, it's just one jab for them.

Diane (07:47):

A little more palatable for the youngsters too. (laughs).

Deon (07:48):

Right.

Dr. Guerguis (07:48):

Yeah.

Deon (07:49):

Less crying.

Diane (07:49):

Yeah. Uh-huh. Uh, less terror.

Dr. Guerguis (07:51):

Exactly.

Diane (07:52):

Yeah.

Dr. Guerguis (07:52):

And they found that, you know, with one vaccine dose, um, it's about 93% effective against measles, but then with two it's about 97% effective. And so going forward, they kind of just recommended that everyone gets two.

Diane (08:04):

Mm-hmm.

Deon (08:07):

One, one of the things about, and our main purpose for doing this and having these conversations is to let people know the, the truth and the, and the facts behind all this, and also for them to have these conversations with their physicians. Um, so they can make the per the decisions that are right for them and their family and their health. But one of the things that came out of this is the myth about that this vaccine causes autism. Can you, can you expand on that and how that started and, and how that just was a wildfire and-

Diane (08:44):

There's so much fear.

Deon (08:45):

Yeah.

Diane (08:45):

So much fear.

Dr. Guerguis (08:46):

Yes. You're absolutely right. I think, um, the medical community has try, has been trying to recover from that for a while. So it actually started with, um, a doctor in the UK, Dr. Wakefield, you might have heard of him. He published, uh, a paper in the Lancet, which is a well-known British journal. Um, back in 1998, where he took 12 kids who had developmental delay and kind of went back and tried to figure out what they were all exposed to, if they were exposed to anything that was common. And one of the things that he discovered was all having had received the measles, mumps, rubella vaccine. And so even though he couldn't prove that-

Diane (09:23):

Oh, gosh.

Dr. Guerguis (09:23):

... getting the vaccine resulted in their developmental delays, um, he kind of said that would, it was his opinion that that was the most likely cause of them developing those disorders. And so he published that and, you know, I think the media took it up a whole bunch of people took it up and so kind of spread that message. And since that time he's actually his, his, um, medical license has been revoked. And so he-

Diane (09:46):

Truly, wow.

Dr. Guerguis (09:47):

... can't really practice medicine. Um, and you know, they took that paper out of print and, and so on because it's just been, it's been disproven that, that actually, I mean, first of all, it wasn't really scientifically proven, but-

Deon (09:58):

Right.

Dr. Guerguis (09:58):

... it's also, there's nothing to suggest that, that there is a link between this vaccine and autism or actually any vaccine and autism.

Deon (10:05):

Right. His-

Diane (10:06):

The damage had been done. Yeah.

Deon (10:07):

Right. His theory there is kind of like, okay, doctor you and I, we both have a left hand that doesn't make us both lefthanded, you know-

Diane (10:14):

Exactly.

Deon (10:15):

... it doesn't make any sense.

Diane (10:17):

Good point. Yeah.

Deon (10:18):

So it, it is unfortunate that he, you know, his career is pretty much ruined for that, but, you know, you just, can't not do the full research to come to a conclusion.

Diane (10:30):

And the damage its done.

Deon (10:31):

And the damage that this has done.

Diane (10:31):

Yeah. Right. Exactly. When you were talking about, uh, the vaccine, you know, MMR, you know, one of our earlier podcasts, we talked about scheduling and when they should be given, can you kind refresh our listeners' memories now?

Dr. Guerguis (10:45):

Sure. Yeah. So, uh, typically we give the MMR vaccine at 12 months, and then again, between the ages of four to six years, um, kids who are gonna be traveling to one of those countries that has a high transmission risk of measles, mumps, or rubella should actually start receiving it at six months. And so that's just to protect them while they're abroad and potentially exposed to, to other people who might have it.

Diane (11:08):

What about adults? Do you, is this part of the adult shot routine?

Dr. Guerguis (11:13):

So we don't typically give it to adults, but if they don't have immunity to it, then they can get one or two doses of it, depending on, you know, what else they have or what, what, what their antibody levels show. Um, and we don't really typically even boost unless, um, there's, there's an outbreak or there's a reason to, to, to suspect that that particular patient would be more exposed to it. Us in healthcare, we always get our antibodies checked because we're just exposed to so many different diseases through the patients we see. And so, um, sometimes, you know, as adults, we do get that vaccine.

Diane (11:48):

I know that you were saying that the standalone MMR or the first one for the measles around the, the vaccine 1963, for those of us who were, I think I'm the only one in the room right now. (laughs). That a little bit older than, than this. I had measles when I was a child. I had mumps when I was a child, a little uncomfortable, like a lot uncomfortable. But you, after you have that in your system, is that my immunity? Because I had it and I survived it.

Dr. Guerguis (12:19):

Yes, that's exactly right. So anyone above, um, or sorry, who was born, I, I believe the cutoff was 1960. You actually do not need to get the vaccine because you're already assumed to have the antibodies-

Diane (12:30):

And I need no booster, anybody of the, of an old, older generation-

Dr. Guerguis (12:35):

No.

Diane (12:35):

... would need no-

Dr. Guerguis (12:35):

No.

Diane (12:36):

... they'll be, look, look, Deon laughing over here. He's turned his head. Yeah. He's just got that giggle. Don't don't go there. Mr. Man just don't go over there.

Deon (12:42):

I'm, I'm laughing and support of you.

Diane (12:44):

Yeah. Yeah. Thank you. Yeah, I'm supporting you, but in, but that's good information to know, because a lot of adults, you know, there's still a regimen of vaccines that we need-

Deon (12:52):

Yeah. That's true.

Diane (12:52):

... as adults, and you just kind of need to know if that's one of the, the ones as well.

Dr. Guerguis (12:56):

Right, right. Yeah. But I mean, the nice thing about it when we give it to kids, they, they have lifelong immunity and so they don't need to worry about any of these things again. And, and I think that's especially important for, I guess, for females who might become pregnant later on and avoiding that

risk of rubella, um, for their, for their infants, who can have, you know, a series of different defects, including the heart, the eyes, things like that, that could be affected by, by rubella.

Diane (13:21):

Or, uh, when you were talking, Deon was talking a moment ago about, uh, the, the reluctance, you know, about still the autism, all that. Do you still have difficult conversations with parents when it comes to vaccines doctor?

Dr. Guerguis (13:33):

Yes. Absolutely. And I think, um, I think that all became much more, you know, worse actually through COVID. I think there's a lot of unfortunately mistrust of, of vaccines because of the COVID vaccine and people thinking that it just, it happened too quickly. Um, and so I think that fear has kind of spread to other vaccines and, and, you know, I think we, we, as, uh, physicians and, and healthcare providers, we always try to remember to ask them their particular questions, their particular fears, because not everyone is just vaccine hesitant all across. It might be that they heard certain things and, and we just wanna educate and make sure that, um, things aren't being blown out of proportion-

Diane (14:12):

Right.

Dr. Guerguis (14:12):

... or they're holding onto, to things that they've seen in social media that might not necessarily be true.

Diane (14:17):

Or their uncle's brother's sister said something, you know, I mean, it just gets after a while, it's just kind of ridiculous, but still it's legitimate concern for the parent or the person asking.

Dr. Guerguis (14:27):

Mm-hmm. Exactly. Yeah. So, I mean, I encourage all, all patients. I mean, you can do your own Google searches, but that's, you know, it's a, there's a whole lot of stuff up there and, you know, people can just put whatever they want. So use reliable resources such as the CDC website and then speak to your doctors because I'm sure that they'll have these conversations with you and, and can refer you to other resources that you can go to and, and find out more for yourself.

Deon (14:53):

Yeah. And definitely that's always the key they're asking the questions to the right people. Uh, so you can get those, uh, questions answered, uh, doc, doctor, one thing we always hear and we know about allergies, um, and it, in my mind and doctor you're the expert here, but in my mind, allergies of different kinds have become more prevalent. So to say, and when it comes to, uh, the MMR vaccine, there is concern about people who may have an egg allergy, um, and that they shouldn't get it, uh, shine some light on that and explain, um, what that means. And if those people who do have an egg allergy, if they should get the vaccine.

Dr. Guerguis (15:36):

Sure. Um, so yeah. So that's definitely a question we get a lot. Um, so the measles vaccine is made in chick embryos. And so people think that this means that if they have egg allergies, that they would react negatively to the, uh, to the vaccine, but that's actually not true. Um, there's several studies that have shown that even kids with severe egg allergies, you know, anaphylaxis, which is, you know, the swelling and the blood pressure changes, they can get the MMR without any, um, any issue really.

Diane (16:05):

What about boosters one more time? Did you say that people do need, or do not need to get boosters?

Dr. Guerguis (16:10):

Typically, typically they don't need boosters.

Diane (16:13):

Okay.

Dr. Guerguis (16:13):

Usually those two doses, if they get them, you know, when they're young, um, they, they're 98% effective and it lasts throughout their lifetime. There's a few people who, you know, maybe if they go through, um, cancer chemotherapy or things like that, that suppresses their immune system, they, they might need boosters. So, different-

Diane (16:31):

Some instances that-

Dr. Guerguis (16:31):

Mm-hmm.

Diane (16:31):

... that boosters-

Dr. Guerguis (16:31):

Yes. Exactly.

Diane (16:34):

... necessary, necessary. There, there was also, um, the one that covers, uh, chickenpox MMRV, is that right?

Dr. Guerguis (16:39):

Yes, you're absolutely right.

Diane (16:40):

Yeah.

Dr. Guerguis (16:40):

So now there is, there is a vaccine that combines the four, so MMR-

Diane (16:45):

Mm-hmm.

Dr. Guerguis (16:45):

... plus varicella, uh, which is the chicken pox. And so that one is also recommended. You can use it, it's the same dosing schedule. So kids again, get it at-

Diane (16:54):

Oh, good. Yeah.

Dr. Guerguis (16:54):

... one year and then four to six, um, four to six years after that. Um, and so you can use that in place of the MMR.

Deon (17:02):

Uh, so doctor, I wanna go back to the, um, measles outbreak back in 2019, you were in New York, uh, when that happened. And there were several other states in the US that, uh, saw this Louisiana, fortunately was not one of those. Uh, so we are on the right track there with that, but was that only here in the United States or was there an outbreak worldwide?

Dr. Guerguis (17:26):

Um, yeah, that's a great question. So, um, I'm, I'm not exactly sure if it was a global outbreak versus just being here in the US. Uh, the thing to remember about measles vaccination is that, you know, here it's been sort of mandatory and we've had a vaccine out, um, since the 1970s, but across the world, uh, not every country has, has MMR vaccine available or that they use it regularly as part of their vaccination schedule. And so, um, you know, just in terms of the, the WHO they put out information that basically says that there's 140,000 cases per year, you know, that are occurring worldwide. Um, whereas, you know, in the, in the US, I'm not sure if we, we spoke about this earlier, but it's close to a hundred cases per year-

Diane (18:10):

Mm-hmm.

Dr. Guerguis (18:10):

... and so, you know, there is that big discrepancy, I think, just because it's not part of every country's, um, vaccine, uh-

Diane (18:18):

Regimen. Yeah. So talking a lot about measles, what about mumps? I remember mumps very, yeah. Very uncomfortable, pretty much eradicated, or you still see cases, or?

Dr. Guerguis (18:30):

We still see some cases, it doesn't get as much, you know, um, media attention or, or press as, as much as measles, just because of how contagious measles is and how it can cause such severe outbreaks-

Diane (18:41):

Mm-hmm.

Dr. Guerguis (18:42):

... um, mumps tends to be kind of in that one patient or one person who's yet to-

Diane (18:46):

Oh, really? So it's not contagious then.

Dr. Guerguis (18:47):

It, it's still contagious-

Diane (18:49):

Okay.

Dr. Guerguis (18:49):

... just not, not at that level. (laugh).

Deon (18:50):

Not to the level.

Diane (18:51):

Yeah.

Dr. Guerguis (18:51):

Yes.

Diane (18:52):

Okay.

Dr. Guerguis (18:52):

Exactly. Um, and it just tends to cause much milder symptoms than, than measles can. Yeah.

Diane (18:58):

Well, I don't know-

Dr. Guerguis (18:59):

(laughs).

Deon (18:59):

(laughs).

Diane (18:59):

... as a kid, I kinda remember mumps more than the measles, but so talk just a little bit about adults. If adults, this is pretty serious of adult would get measles or mumps, especially males get mumps. Is that right?

Dr. Guerguis (19:11):

Yes, you're right. Yes. Um, males can def- well, anybody can get mumps, but, um, the, the one concern in, in males with mumps is that it can actually cause, um, orchitis, which is our fancy medical word for swelling of the testicular area. And so that can be very painful. Um, you know, you need, you know, it's, it's a virus, so we can't really treat it with antibiotics. And so, you know, same thing with the swelling of the parotid glands or the, the glands and the cheeks. You just have to kind of give it time to go away. But it's definitely scary. (laughs).

Diane (19:44):

Well, it is. And as a child, it was scary because I remember looking like a little chipmunk and my mom was saying, well, honey, I think you're gonna get it on both sides. Well, I didn't. And I got it on one side, but one side was bad enough. I remember that.

Diane (19:56):

Holy cow.

Deon (19:57):

Yeah. And we wanna try to get those memories out here. (laughs).

Diane (20:00):

Yeah, no, we don't, we don't need any more of that, but still it's important for people to know.

Deon (20:04):

Yeah.

Dr. Guerguis (20:04):

Exactly.

Diane (20:04):

And both still around, still around.

Dr. Guerguis (20:06):

Both are still around-

Diane (20:07):

Yeah.

Dr. Guerguis (20:08):

... and I think, I think you brought that up. It's a great point because I think, you know, a lot of the, the younger generation now, because they've not seen this or, or lived through these infections, they have no idea that they even exist or how severe they can be. Right? Um, I had never seen measles until, you know, I was in, in 2019 in New York and we had our outbreak over there. Right. Yeah. And so, um, I, you know, I had, I had teenage patients with it. I had young babies with it, a whole spectrum, but I had never seen it up until that point during my whole medical training. And, and so, um, unfortunately seeing those diseases that we think are, are gone or eliminated for the most part it's, uh, it's not really-

Diane (20:47):

It's eye opening, isn't it?

Dr. Guerguis (20:48):

Yeah.

Diane (20:48):

Really I, 'cause I remember with the measles, I must have been cute little kid about four or five, I think. And the deal, I don't know if this was right or not, but I remember with the measles that when I watched TV, I had to wear sunglasses because there-

Deon (21:03):

Oh.

Diane (21:03):

... was some, because there was something about that, you know, you couldn't watch TV with measles, 'cause it would hurt your eyes. And I thought I was the coolest kid-

Dr. Guerguis (21:11):

(laughs).

Deon (21:11):

(laughs).

Diane (21:11):

... you know, because I'm watching I'm... I've got a picture. I think my mom has a picture of me kicked back in a chair with my, my little legs crossed and my little sunglasses on just smiling. I didn't feel real bad, I don't remember feeling bad, but it was important even then to look cute-

Dr. Guerguis (21:25):

Right.

Diane (21:25):

... when you're sick, you know, so, but it's, uh, but some things, like you said, you don't, you don't realize because you think that that was a childhood disease and you're not gonna see it anymore, but there you go. 2019, New York city, measles everywhere.

Dr. Guerguis (21:39):

Exactly.

Diane (21:39):

Wow.

Dr. Guerguis (21:39):

Yeah.

Deon (21:40):

Yes. Diane, you're still the coolest kid.

Diane (21:42):

Thank you. The cool kids club. I like, I appreciate that, Deon. Wow.

Deon (21:46):

(laughs). Doctor, I wanna kind of pick your brain a little more about that time in 2019. How, how was it being there with that? Like you, like you mentioned, you, you hadn't seen this before in, in person, you, you studied it, but you hadn't actually seen it in person. What was it like being there and then seeing the, the cases increase at that time and being in the midst of all that.

Dr. Guerguis (22:11):

Right. Um, that's a good question. So, I mean, uh, so it, it was definitely an interesting time to be able to kind of put, put it into, you know, physical form to see what it actually looked like. And to see, you know, that it's not just a red bumpy rash, that's kind of pesky and the high fevers that make any kid cranky. But, um, some of our teenage patients actually had a lot of breathing difficulties with it. And so, um, you know, that was eye-opening because I think people often just brush it off as just one of these-

Diane (22:39):

Yes. Yes.

Dr. Guerguis (22:40):

... childhood infections.

Diane (22:41):

Mm-hmm.

Dr. Guerguis (22:41):

And so what I guess-

Diane (22:42):

It's no big deal.

Dr. Guerguis (22:43):

Exactly.

Diane (22:43):

Yeah.

Dr. Guerguis (22:43):

Exactly. And so, you know, to be in an ICU setting and have to have, um, a ventilator or a machine that helps you breathe, um, because of this measles, which, you know, we could have given you a vaccine for, as a child it's, it's, um, you know, I think, um, it's definitely eyeopening.

Diane (22:59):

And very unsettling too-

Dr. Guerguis (23:01):

Mm-hmm.

Diane (23:02):

... to think this could have been prevented.

Dr. Guerguis (23:03):

Right.

Diane (23:03):

What, what, what is the correlation, have you seen this or thought between COVID 19, the vaccine for that and for the MMR? Any, anything that, you know, juxtaposition of those two?

Dr. Guerguis (23:14):

Yeah, definitely. I mean, we're seeing the same thing, you know, with the last Omicron wave that we had, uh, just, you know, a few months ago, we, we saw that spike mostly in children who were either too young to be vaccinated. So the five years and under group or kids who were a little bit older, but just for whatever reasons their parents didn't wanna get them vaccinated. And so, um, you know, it, hasn't been very severe in adults, the last Omicron wave, but it's still very much with us here and we're still unfortunately seeing kids in the hospital being admitted for, for COVID. Um, and so-

Diane (23:48):

Yes. It's that vaccine hesitancy. That's what we're seeing. We're gonna probably continue to see it. But the good news is that we have the information, we have experts like you to tell us what it is, what to expect, how, what impacts, as you said, childhood quote, unquote diseases for the teenagers, for the adults, that's serious stuff that doesn't have to happen.

Dr. Guerguis (24:10):

Exactly. Yeah, exactly. And I, I just encourage people to, to come and ask us those questions. We are here for you. We wanna answer those questions. Um, you know, I don't, I don't think any of us have any hidden agendas it's just to make you safe and protect everyone in the community.

Deon (24:27):

Yeah. And that, and that's the, the point at the, at the end of the day, what we all want and which is one of the reasons why we are doing this podcast is to get people the information so they could use it the best they can to protect themselves, their family, their neighbors, their loved ones, you know, that's, that's the key at the end of the day.

Diane (24:44):

And to have the conversation with their doctor.

Deon (24:46):

Yeah. I like a conversation. That's that's me. (laughs).

Diane (24:48):

(laughs).

Dr. Guerguis (24:48):

We like conversating too.

Deon (24:48):

Yeah. (laughs).

Diane (24:49):

Yes. Well, you would've been talking about a lot of things today. Anything that we have not touched on or talked about doctor, that you think that before we close today, that we, we should let our listeners know about?

Dr. Guerguis (25:04):

Um, I think we, we covered most of the, the material that I wanted to kind of think about and talk through, um, just, yeah. Just encourage people to, to reach out to their doctors or healthcare providers to ask questions-

Diane (25:19):

Mm-hmm.

Dr. Guerguis (25:19):

... whatever, whatever those questions or concerns are. Um, and, you know, if you are doing your own Googling, I think the CDC is a great resource-

Diane (25:25):

Yes.

Dr. Guerguis (25:25):

... it even has-

Diane (25:27):

There are good places to go, not Dr. Google, you know. (laughs).

Dr. Guerguis (25:29):

Right. Exactly.

Diane (25:29):

Yeah.

Dr. Guerguis (25:30):

Exactly. Um, and, and one really encouraging thing actually that I found on the CDC website was that Louisiana has a very good vaccination rate of kids, 96%. So-

Diane (25:40):

Excellent.

Dr. Guerguis (25:40):

... that's awesome to see that.

Deon (25:41):

All right Louisiana. You go.

Diane (25:42):

Yeah. We like to be in that number.

Deon (25:43):

Yes.

Diane (25:44):

Don't we? Yes, indeed.

Dr. Guerguis (25:44):

Exactly. Yeah.

Diane (25:45):

Well, that's about it for today then. Thank you so much doctor for joining us and telling us all about everything we needed to know about the MMR vaccine, what parents need to know, what youngsters, you know, it's, it's all good and it's an all good situation. So we hope you've benefited as much as we have from our conversation. We will be back with a new episode soon. Until then, please be careful and be well.