

## Vax Update: Monkeypox & COVID-19 – Where We Are

### With Dr. Joseph Kanter

Clay (00:00):

Hello, all. Clay Young here. You may have heard about monkeypox, but why not let us break it down for you? A special episode of Vax Matters begins now.

Diane (00:19):

Monkeypox, it's on the world's radar, so that's our topic today. A familiar guest returns to help us understand what's going on. Dr. Joseph Kanter, state health officer at the Louisiana Department of Health. Welcome back, Dr. Kanter. We so appreciate your time today.

Dr. Kanter (00:37):

Well, thank you. It's really nice to be back with you.

Clay (00:39):

Well, Dr. Kanter, we have heard you talk so much to us about what's been happening as it relates to, uh, COVID-19 and the public's interaction with one another here in Louisiana, but this is an interesting subject matter to get into, and it's about monkeypox, and so, I- I'll ask the obvious beginning question, what is monkeypox exactly?

Dr. Kanter (01:04):

That's a great question (laughs), and listen, I, I wanna just start off by saying this is not Ebola, this is not COVID, this is not something that's gonna shutdown the world. Um, so, I think people can breathe a little bit easier. It is something that we need to address. I think we have a window of opportunity to make a difference in it right and that's why folks are working hard, but this is not a- another worldwide, um, uh, high significance pandemic that's gonna disrupt their way of life. So, so, let's just frame it that way so we don't get people too upset.

Dr. Kanter (01:40):

The monkeypox virus is, is nothing new. It's been circulating predominantly in Central and West Africa for quite some time. It's a cousin of smallpox. The symptoms, um, in one regard are somewhat similar, lesions, uh, really, on any part of the body, um, except they're much more mild than smallpox. Smallpox i- is often times fatal. Monkeypox sometimes can be fatal in areas without highly developed medical systems, but rarely, if ever, is fatal in areas with advanced medical systems. So, significantly more mild, um, and less significant than smallpox is, but it's transmitted much the same way. It's, it's, right now, predominantly transmitted ... This particular outbreak is predominantly transmitted through close human contact, person to person, touching each other, sometimes in a sexual encounter, sometimes not.

Dr. Kanter (02:42):

It can be transmitted through the air, through respiratory droplets. Although, to be honest, that's not the predominant way that it's spreading. So, if you wanna compare it to COVID because, you know, we're still dealing with COVID, it's much less transmissible than COVID is.

Diane (03:00):

Are there different types of monkeypox, Dr. Kanter, or is it just one, just one overall umbrella that's under that monkeypox designation?

Dr. Kanter (03:11):

A little bit of both. You know, s- s- historically, there's been a couple strands associated with various parts of Africa, Central and Western Africa. Um, this particular strand is, um, is a little bit unique in that it's not causing the diffuse lesions throughout the whole body that, that some of the earlier strands are. And the reason I'm saying that is if you go google monkeypox right now and look at pictures, you're gonna see pictures that are quite frightening of, of individuals, usually in, in Western and Central Africa, covered in, in head to two lesions. And the strands that's circulating now, while it has the potential to do that, it's not typically doing that. It's typically causing more isolated lesions. So, there are different strands. They're all in the same monkeypox family, and again, monkeypox is kind of a cousin of smallpox, just a much more mild cousin.

Diane (04:05):

A- And, you know, people ... When you hear monkeypox, you think of, of course, smallpox, but chickenpox. So, any relation at all to that, or no?

Dr. Kanter (04:15):

A distant relation, although they're, they're, they're separate. They're separate viruses. But in one respect, you know, you got lesions on your body, you get typically a fever or what we call a viral prodrome where you feel malaise-

Diane (04:29):

Mm-hmm.

Dr. Kanter (04:29):

... or just feel down like you're getting sick, like you're getting the flu. Those can be common to all of these viruses.

Clay (04:35):

What are some of the symptoms?

Dr. Kanter (04:37):

So, classically ... And I say that with a caveat that not everyone in this current outbreak is getting classic symptoms, but classically, you get this, this viral prodrome which is you get a fever, you feel run down, you, you feel like you're getting the flu for a couple days, two or three days, and then you start getting lesions and these lesions can be hard, they can be painful, and they really can appear in any part of the body. Um, that's the classic presentation.

Dr. Kanter (05:05):

You know, what we've seen so far ... A- And I should say, currently in the US, there's about 1,400 identified cases right now, they cover 42 states, both of those numbers are gonna go up by the time this episode comes to air, no question. Um, not everyone is getting these classic symptoms. Some people are not getting the viral prodrome where they get fever. They're just discovering a rash, a, a lesion. Um, some people are having these lesions highly located to one area. Sometimes they're located to the genital area. Sometimes the lesions are in other parts of the body.

Dr. Kanter (05:44):

So, yeah, on, on one hand, this classic presentation that you see in the textbooks, and on the other hand, you see how it actually plays out in real life and it can be, um, it can present in a number of ways. For a lot of patients right now in the current outbreak, it's easy to confuse this with another sexually transmitted disease. It's easy to confuse it with syphilis or gonorrhea, that's one of the reasons why we're pretty sure that we haven't identified all the cases that are out there.

Clay (06:14):

(laughs). Well, this has been a terrifying 10 minutes.

Diane (06:17):

Oh my gosh (laughs).

Clay (06:19):

So, it's interesting that this is so, uh, top of subject matter now and you referenced this not being new and that it- it's existed in, in Central America. So, why is it ... Why has it moved back to the top of the discussion about diseases now?

Dr. Kanter (06:35):

Yeah, I, I should say, it's Central Africa, no- not Central America.

Clay (06:38):

Excuse me, Central Africa, yes.

Dr. Kanter (06:39):

I might have misspoken, yeah. Um, you know, I mean, it certainly is a, a big topic of focus right now and o- on one hand, th- the cases that we've had in the US, by in large, have been mild. Um, a co- you know, a, a handful of them have been hospitalized for a day or two, but there's been no fatalities in the US. They- They've largely been mild. On the other hand, we really have an opportunity to make a difference with this outbreak right now and the reason why I say that is we've got good treatment, we've got a good vaccine, too. I mean, there's, there's two vaccines out there that are effective, um, against this strain of monkeypox and because monkeypox has a long incubation period, if you were exposed today, you probably wouldn't start showing symptoms for two weeks. That's a very long incubation period.

Dr. Kanter (07:34):

It's a double-edged sword, because on one hand, it's harder to trace your contacts if you're thinking not what happened two days ago, but two weeks ago. Harder to remember who your close contacts might have been. On the other hand, that's a lot of time to be able to intervene. So, what we're able to do when someone becomes positive with monkeypox is contact tracers interview them, understand what their risk history has been and understand who their close contacts are. For this outbreak, it, it tends a lot to be sexual contacts. And then they go reach those people and if they do this work quick enough, which they've gotten very good at, they have time to give those individuals vaccine as what's called post exposure prophylaxis and help prevent or help lower the chances that those contacts will become positive after a known exposure to a case.

Dr. Kanter (08:33):

So, that becomes important because as this outbreak grows, you know, you can play a hypothetical in your mind where at some point down the road, it just becomes too big to really put the genie back in the bottle and it becomes another virus that's out there that we have to deal with, you know, for many, many years. But we're not there yet, we still have this window where we think we can arrest the spread of this, and that's why folks are working so hard to accomplish that.

Diane (09:03):

Well, once a person is diagnosed or does test positive, I should say, with monkeypox, do you have to, do you have to quarantine, do you have to isolate like we've had to do with the COVID and the other variants? What, what is, what is the ... From that point on, what do they have to do?

Dr. Kanter (09:21):

If you're positive, if you're actively symptomatic, if you have a fever or if you have lesions, current lesions that have not yet healed and crusted over, yes, you do have to isolate. You have to stay away from others until your symptoms resolve, or at least your lesions crust over. That's not terribly different from what you do with chickenpox. You stay inside-

Diane (09:42):

Oh, okay. Right, right.

Dr. Kanter (09:44):

... [inaudible 00:09:44], you know, you don't go infect other people until your lesions have at least begun to heal. That's just for people who are positive and have symptoms. If you've been exposed, you know, someone informed you that you were exposed to a positive case, you don't have to do anything expect closely monitor yourself for symptoms. And once you start, if you start to have symptoms, go isolate at that point, but you don't have to go into quarantine for five or 10 days the way that we have with COVID.

Dr. Kanter (10:15):

You know, the difference with COVID, there's so much asymptomatic transmission. With COVID, you can be infected and infectious and have no symptoms at all and no idea. That's why you had to quarantine with COVID. With most viruses, monkeypox included, you're not contagious unless you're showing symptoms, which you would know about.

Clay (10:35):

It's interesting. So, once you have had it and you have been treated after the fact, what are your chances of getting it again?

Dr. Kanter (10:46):

We think it's very small. I, I, I say that with a little of hesitation in my voice because we've never had, you know, outside of Africa, we've never had an outbreak of this size. So, um, unfortunately, we're learning a lot as we, as we go. We, we, we think that if you had it before you're, you're pretty, pretty protected against getting it again. It's essentially the same as getting vaccinated with it right now. But again, because this is relatively new, an outbreak of this size, we'll have to confirm that as time goes on. It's still very fresh.

Diane (11:19):

You know, Dr. Kanter, we're hearing more and more and unfortunately, become more familiar with the words of variant and subvariant. In your, in your opinion, what do you think the possibility would be of a variant that would possibly, o- of monkeypox, that would possibly impact a larger population than what we're seeing right now? Is that a possibility, that there could be something out there, um, I guess ... I'm not asking you to look in, uh, in your, you know, your little glass ball, you know, or whatever, but I just ... It, it seems very [inaudible 00:11:54] just the name of the game anymore and the sub variant of this or this or this or that. What would be the possibility of a variant for monkeypox?

Dr. Kanter (12:03):

You know, anything's possible. You know, I, I think it's probably helpful to talk a little bit about what types of individuals we're seeing the cases spread in right now and, and, and what the real risk is right now, and I say that because it could, and likely will, change. Right now, the majority of the cases we're seeing are in men who have sex with men, um, and typically spread, although not exclusively, but typically spread during sexual contact or close, close person to person contact. Um, there's absolutely no guarantee that this stays contained to that particular population.

Dr. Kanter (12:42):

You know, there's an analogy you could draw, although hesitantly, with HIV, hesitantly because this is not anywhere close to as severe as HIV is. HIV, prior to the advancement of medications, was routinely fatal. Now, now people live very long, healthy lives, you know, with HIV. But in the early days, before we had antiretroviral treatments, H- HIV was, was, was not that way. It was typically fatal. But ... You know HIV began for us predominantly in this same community, in, in the men who have sex with men community, and it became highly stigmatized because of it. It clearly did not remain that community. You know, that's a certain possibility with, with monkeypox.

Dr. Kanter (13:27):

Right now, the majority of cases right now are in the men who have sex with men community and, you know, I think, you know, we're ... We've got a lot of tools right now. We- We- We've got vaccines that are helpful with this, and we know how to contain it. So, there's, there's a good possibility that we can do a good job and contain it from spreading further and really get this thing under control. There's also a possibility that it just proves to be too transmissible, too, um, too much of adversary and it becomes, uh, a virus that affects people well beyond this community. I think either of those two realities are, are possible right now.

Clay (14:06):

You know, that's so interesting, th- making the correlation to HIV more than 30 years ago and where people were in this country from a perspective standpoint. So, then let's graduate what you just said a, a bit further. Based upon missteps back then, uh, with the, the, the stigmatizing and the lack of people outside of that initial community taking it seriously, how can we apply what we did wrong back then to now to avoid a similar situation with this?

Dr. Kanter (14:42):

That's a great question. That- That's an outstanding question. You know, one of the big problems with HIV, as you alluded to, is it was so stigmatized in the early years. It was thought of as a gay problem, something that gay men faced, no one else was at risk was the thought. Um, there was a lot of stigma, uh, tied to the behavior which spread the virus, um, and you know, the, the, the sentiment was, however cruel and inaccurate it was, was okay, these people are engaging in sinful

activity, and therefore, the virus is on them and no one else is at risk. That couldn't have been further from the truth, number one.

Dr. Kanter (15:21):

Number two, it really hindered our ability to address the virus and prevent it from spreading further because mainstream America didn't view it as their problem. You know, it, it took the federal government a number of years to be even able to say the word AIDS or HIV. You know, we pretended it wasn't anyone else's problem, and so, we were years behind effective treatment on it because of that. That hurt all of us. Um, I think we have learned a lot from that. And so, as we talk about monkeypox, and again, you know, the similarities ... The comparisons with HIV only go so far because this is such a more mild, mild illness.

Dr. Kanter (16:04):

Um, but we need to be careful on how we talk about individuals who are at risk right now for monkeypox. We need to be careful about stigmatizing them. We need to be careful about a false presumption that only one community is at risk, because as you pointed out, we've been proven wrong on that many, many times before. And also, look, we're in a much stronger position to fight this from a public health perspective-

Diane (16:29):

Mm-hmm.

Dr. Kanter (16:29):

... because when HIV came out, we knew nothing. We didn't know what it was, we had to discover what the virus was. We had no idea how to treat ... I mean, it, it took years to figure out just what it was and then how to treat it. Monkeypox is nothing new. Monkeypox has been around for a while. We know what the virus is. We already have vaccines and treatments for it, so we've got so many more tools. Um, that's why we have to be using them wisely right now.

Diane (16:57):

So, to Clay's point, we are being proactive and we're trying to stay ahead of the game and, and lessons learned, basically, Dr. Kanter. What about Louisiana, how many cases have we had here in the state?

Dr. Kanter (17:09):

Right now, we've had six identified cases in Louisiana residence. We have an additional identified case of an out of state resident who was here, became symptomatic and then we tested and diagnosed that individual. We've had a number of other individuals who traveled out of state, came back and then were alerted by other states' health departments that they were exposed to a positive case while out of state. All these numbers are gonna go up as they have been going up. And, you know, there's, there's no doubt in my mind that there's a lot more monkeypox out there than we've been able to formally identify and diagnose.

Dr. Kanter (17:51):

A couple reasons I say that. Number one, again, the symptoms can be easily confused for a number of other conditions, particularly other STDs. And so, it's something new. Not all medical providers are up to date with how to test for it, um, and so, there's, there's probably cases that were

just, you know, slipping under people's noses right, and, you know, up until this week, really, testing has been rather restricted. Up until this week, the only way to get tested was to send it to our state Office of Public Lab in Baton Rouge, and while, you know, the lab was doing a great job, it did create somewhat of a bottleneck.

Dr. Kanter (18:34):

Now, there's a number of large testing companies, typical reference lab like Labcorp and Quest and the Mayo Clinic that are all doing this testing in a more routine fashion, similar to how your doctor would send off labs anyway. So, more people are gonna be tested. It's gonna be more commonplace to be tested for this. So, I expect we'll be picking up more cases.

Clay (18:56):

Di, what about, uh, since we've got Dr. Kanter here, get an update about COVID and, and what's going on with that?

Diane (19:01):

And again, Dr. Kanter, we're talking about variants and subvariants, and I guess one that's on everybody's mind right now, or at least that we're hearing a lot about is ... Is it BA5, is that correct, Dr. Kanter?

Dr. Kanter (19:12):

That is correct, and, you know, it's interesting, we're in the middle of a surge of COVID-19 right now. It's now our sixth surge.

Diane (19:22):

Jeez.

Dr. Kanter (19:22):

There's not a lot of states that have six surges and we're unfortunately one of them (laughs).

Diane (19:25):

We're top of the list again on something, huh, Dr. Kanter? Jeez.

Dr. Kanter (19:29):

[inaudible 00:19:29].

Diane (19:29):

Yeah. Man.

Dr. Kanter (19:29):

Um, it's, it's a unique surge for two reasons. Number one, there's a lot of transmission, but on average, the clinical acuity is more mild, meaning we're not filling up our hospitals the way that we were in prior surges and we're very thankful for that. The second reason this surge is unique is it's really a surge within a surge. We've been surging for almost two months now. When we began surging, it was being driven by two variants, the BA.2 variant and the BA.2.12.1 variant. A few weeks

into the surge, two new variants came on the scene, BA4 and BA5, and these two new variants proved to be more transmissible than, really, anything that we've seen before.

Dr. Kanter (20:23):

Had these two new variants not come on the scene, we believe we would have peaked and started out descend from the surge a few weeks ago. But instead, we continued to go up. Even some areas, like the New Orleans area, peaked, plateaued for a couple weeks and now is going back up again because in the middle of our surge, we got hit with these BA4 and BA5 variants, which were even more transmissible. So, now we're still surging, and it's been almost two months.

Diane (20:55):

How do you keep it all straight, you know (laughs), Dr. Kanter?

Dr. Kanter (20:58):

Well-

Diane (20:58):

I mean, it's just ... It, it just ... We get ... We hear about another variant, something else, another number. How, how in the world are all you folks with the brilliant minds able to isolate ... When a new variant comes out, you're talking a BA.1 and then BA4, BA5. How in the world do y'all do that to help us understand it?

Dr. Kanter (21:20):

Look, I mean, we, we have a tremendous team-

Diane (21:22):

Yes, indeed.

Dr. Kanter (21:23):

... at the Office of, of Public Health. They, they, they typically work in the shadows and are unnoticeable. One of my mentors used to like to say that "Public health saved your life today, you just didn't know it."

Diane (21:32):

Mm-hmm.

Dr. Kanter (21:33):

And that was before COVID hit. So, you know, these folks work, you know, really, around the clock. We're also doing, you know, a lot more intensive investigative work, laboratory work on these viruses than we ever have before. We're doing this genomic sequencing, actually finding out what variant a virus is on a level that we've never done before in this country and finding out a lot of things that, that we just didn't have the capability of knowing before, and it allows us to track this better and, and do some better prognostication on it.

Clay (22:04):



It's so interesting, you talked about all the variants as, as Di mentioned, trying to keep up with it. And so, we've heard about omicron and now BA4, BA5. So, if, if someone gets COVID, I mean, what are the differences and symptoms between the variants?

Dr. Kanter (22:22):

You know, from the patient's perspective, typically nothing, to be honest.

Diane (22:27):

Mm.

Dr. Kanter (22:27):

Um, you know, all these variants can present either mildly or, or severely in any patient. On average, they're more mild now, but it doesn't mean that you can't get very sick with classic, you know, uh, pulmonary manifestations or COVID pneumonia the way that earlier patients were. The treatment doesn't really change depending on what variant you have. And typically, if you're a patient, you have no idea what variant you have. The, the sequencing, the genomic sequencing we do, which is a highly specialized test, it does not come back quickly. You know, it comes back in a week or two, long after it would be clinically relevant to anyone.

Dr. Kanter (23:08):

The point of the sequencing is really from a public health perspective. It's to get surveillance on what type of variants are out there so we know if cases are going to go up, go down, um, and so forth. It's not intended to direct clinical treatment to actually impact the patient itself. The, the treatment for the patient itself doesn't change, really, whether or not you have one variant or the other. That ... You know, right now, we've got some good medicines. There's Paxlovid, which is an oral medicine, it's pretty easy to take. It's a five-day course. That's effective for any variant that's out there right now.

Diane (23:44):

When we're talking about variants, we're also hearing a lot about the, uh, the specific boosters, the omicron specific boosters. Is that, i- is that something we need to be aware of, too, Dr. Kanter after we have our, our vaccines, the, the two vaccines? Uh, and then we come back with, you know, those of us over 50 that have had our two boosters. Talk a little bit about that. What's on the horizon as far as the new boosters or shots are concerned coming out here in the next month, or do we already have that?

Dr. Kanter (24:13):

Yeah. It's potentially coming down the pipeline, and I say potentially because like everything, we've gotta see the data first and we've gotta see that it actually is safe and effective.

Diane (24:23):

Mm-hmm.

Dr. Kanter (24:24):

This is the general, uh, premise of it. The, the vaccines and the boosters for COVID that you've had, that are out there right now that you would get if you went into a pharmacy or-

Diane (24:35):

Mm-hmm.

Dr. Kanter (24:35):

... a clinic right now are all based on what's called the ancestral strain of COVID, that's the initial strand of COVID that was identified in Wuhan, China in December 2019. Well, potentially earlier than that (laughs)-

Diane (24:52):

Yeah, right.

Dr. Kanter (24:52):

... depending on who you talk to. Um, but that's, that's what the vaccines and boosters are all based on right now. Since that time-

Diane (25:00):

And that was called an ancestral strain, is that what you called it. Dr. Kanter?

Dr. Kanter (25:03):

Ancestral strain, yeah. The init-

Diane (25:03):

Okay.

Dr. Kanter (25:04):

The initial Wuhan, China strand of COVID, the first one-

Diane (25:07):

Mm-hmm.

Dr. Kanter (25:07):

... that registered. Since that time, there's obviously been variant after variant after variant and, you know, COVID has, has, has mutated. So, right now, we're at a position where people who are vaccinated with that, with, you know, with those initial vaccines, which is all of us, um, they ... You ... The protection that you have against severe disease remains very strong. But the protection you have against just getting infected with anything is less than it was initially because the variant has mutated so many times. That's why we see a lot of people right now, to be honest, who are getting infected with COVID despite being vaccinated.

Diane (25:48):

Mm-hmm.

Dr. Kanter (25:48):

They have good protection against severe disease. Their chance of being hospitalized and dying is significantly less than it would have been otherwise, but they're still getting infected. So, you know,

scientists are trying to improve upon that. So, there's the proposition right now of introducing a new booster, a booster that is half based on that ancestral strain, the initial Wuhan, China strain, and half based on some of the newer variants that are circulating right now, like the BA4 and BA5 variant. That's what Pfizer and Moderna are working on right now. They're working to produce that and do some initial testing on that. It remains to be seen if that's going to be effective enough to warrant the expenditure and getting everyone, you know, boosted with that new type of shot. It easily could be, it could be a better match for what's circulating, and it easily could be. Or it could not be. We really have to wait and see what the data shows.

Dr. Kanter (26:48):

You can think of it this way, if, if BA4 and BA5 stick around for a while, then it's probably worth our while to get those new, updated shots out here. But in a month's time, if we're dealing with an even newer variant, you could question whether it makes sense to keep chasing our tail and, you know, trying to pull out the variant that was prevalent four months ago. So, that's the conversation that's happening in the FDA and the CDC right now and I'll tell you, I, I ... You know, it- it's difficult to know what will happen until we see some of the data from these trials and until we see what variant's gonna be prevalent, not now, but two or three months from now.

Diane (27:29):

And especially heading into flu season. You know, that's gonna be just another factor that people are going to ... Because so m- so many times, I've had friends of mine who have been vaccinated and, and had all their boosters and they come, they say, "Di, I feel like I'm getting a sinus infection," or sinus whatever, and they test positive. I- I- It just, it just kind of ... The diagnosis, as you said, Dr. Kanter, it just kind of disguises different things. You're not sure. With the flu season coming on, this is gonna be another kind of can of worms with this, with this other booster that possible with the omicron or the BA 4 or 5, uh, variant.

Dr. Kanter (28:04):

Yeah, I think you're right and, you know, the, the thing with, with the flu vaccine, you know, like COVID, flu changes all the time-

Diane (28:11):

Mm-hmm.

Dr. Kanter (28:11):

... and the flu vaccine you take every year is an updated vaccine based on what scientists predict will be the predominant flu variant of that seasons. Sometimes they do a good job at predicting it. Sometimes they do less than a good job (laughs) at predicting it. They typically look at what's circulating in the Southern Hemisphere, in Australia, and try and match it to that. As a predictor, sometimes it works out well, it's a good match, and sometimes it's a less good match.

Dr. Kanter (28:38):

I will say this about flu season, I, I am worried. Um, you know, we, we were spared a, a really bad flu season, really, for the past two years and one of the reasons for that is all the mitigating measures we were doing to prevent the spread of COVID, washing our hands more frequently, wearing masks, limiting our time in crowded indoor spaces, that also helped prevent flu, so, and they're both respiratory viruses. So, we had very minimal flu seasons, both, um, last year and the year prior and

that helped save us because we had so many patients hospitalized with COVID that we really couldn't stand any more volume in the hospitals. So, we were thankful for that.

Dr. Kanter (29:22):

This year, you know, it's ... Listen, I, I don't think we're gonna have a big run in the hospitals with COVID the way we have in years past, but nothing is for certain. You know, this virus has really humbled all of us. And so, I'm really encouraging people to get the flu vaccine because, you know, it would be less than ideal to have a bad flu season on top of a COVID surge and put more stress on our hospitals than we really should be doing.

Clay (29:49):

You know what's interesting, with all of the information out there, and, and Diane referenced it a second ago and I've seen this, the coronavirus paranoia, uh, that can be out there and, and I think the proliferation of misinformation has been really dealt with in many ways, mitigated in many ways because of, of broadcasts like this and conversations like this. But, you know, as a medical doctor, I'd like to ask you to kind of speak to, uh, the, the paranoia and, and, doc, I'll use this analogy. I tell people who live in Louisiana when hurricane seasons happens, "Just take a beat, you've been through it before if you've lived here. If you ... You know what you need to do. Just use the knowledge to, to kind of take care of your business."

Clay (30:33):

Same goes with this. We've been taught over and over what we should and shouldn't be doing to protect ourselves, but there is still paranoia. So, what's your advice to the general public and our listening audience?

Dr. Kanter (30:44):

Yeah, that's a great question, and it's, it's tough to navigate right now. It's pretty stressful, too. You know, if, if you go online, there's all types of misinformation out there, there has been throughout COVID. You know, going back to, um, the vaccines cause infertility, to, um, you know, all, all sorts of myths that have really caused confusion in people. Um, you know, first and foremost, really try and get your information from trusted sources, um, and if something sounds farfetched, you know, do some more digging on it.

Dr. Kanter (31:14):

You know, I will say this, um, you know, and a lot of this has become obviously politicized and that makes it more challenging as well when you talk about these issues, but at this point in the game with COVID, our intention is to give people as much information as possible, to, to let people be empowered to make an informed decision on their own. So, when we talked about surges, when we talk about variants, the point is not to get people afraid that there's gonna be lockdowns, that there's gonna be orders. That's not the point. The point is to let people make their informed decisions, and the reason I'm saying this is we have a lot more tools at our disposal to protect ourselves than we did at earlier points in the pandemic, and that's gonna make it significantly less likely that aggressive mitigation measures would be required.

Dr. Kanter (32:10):

You can get a high-quality mask, an N95 or a KN95, very easily right now online. You just couldn't do that earlier in the pandemic. That's what doctors wear when they go into a patient's room with

COVID or tuberculosis or any other respiratory virus. That's the same level of protection. That means that your ability to protect yourself is less dependent on those around you. Earlier in the pandemic when we didn't have that, everyone had to wear low quality masks to protect the people around them. Now, you can protect yourself regardless of what those around you are doing.

Dr. Kanter (32:46):

It's easy to get vaccinated and boosted right now. There's no run on supply. For people that do become positive, there's good treatment out there. We had none of this earlier in the pandemic, and so all we had at that point were aggressive measures to control the spread and save our hospitals. But we're not in that position now, so when we talk about these stats, when we talk about surges, the point is not to say, "Oh, there's gonna be a lockdown. People need to be afraid. We're gonna, you know ... People are gonna have to close their businesses." It's purely to let people make as informed a decision as they can to protect themselves, protect their family and do their own risk calibration.

Diane (33:28):

And I think it goes back to what Clay was saying, too, to have confidence in yourself, to know what you need to do, to take care of yourself. When you take care of yourself, you're taking care of your family and your friends. You're talking to your health- your healthcare provider, you're talking to your doctors, you're listening to the CDC, to our department of health, it makes a huge difference now. We're not ... Th- There's not this, you know, almost, the fear, the fear of everything.

Clay (33:54):

Yeah.

Diane (33:54):

We're not so afraid.

Clay (33:58):

I mean, people were freaking out.

Diane (33:58):

Oh, oh my, oh my gosh.

Clay (33:58):

Yeah.

Diane (33:58):

And just didn't know what to do, where to turn, who to believe, what to believe. I really do ... We've turned that corner-

Clay (34:05):

Yeah.

Diane (34:05):

... Dr. Kanter. We're, we're feeling so much better, and because of a podcast like this today, with you telling us about monkeypox, telling us about the latest with COVID and this latest variant, is there

anything that you can think of that we haven't covered that we should before we close out this morning?

Dr. Kanter (34:23):

Well, o- on that last topic, I'll just also reflect on, we- we've also all been traumatized (laughs). You know, we, we-

Diane (34:30):

Yeah, no, no doubt. Yeah.

Dr. Kanter (34:31):

No doubt (laughs). We, we ... You know, let's just recognize that we have lived through a generational defining event-

Diane (34:37):

Mm-hmm.

Dr. Kanter (34:37):

... not unlike World War II or the world pandemic of 1918. This is a monstrous event that we have lived through and, and, and times of intense during it, no question and I think we all are a little bit traumatized from that. So, at the end of the day, let's remember to be compassionate about one another, to respect each other and each other's opinions and actions, um, th- and hopefully as we come down from the more acute phase of COVID into this more, um, you know, we, you know, transition from pandemic to endemic or whatever people wanna call it, let's try and regain some of the compassion that we perhaps have lost for one another in the process.

Clay (35:17):

And you know, doc, just so people can g- ... Well, with what you just said, uh, monkeypox could possibly be considered an endemic because of the isolation nature of where it is versus the, the virus being a pandemic because, uh, because it's so widespread. Do you see that receding to any point where we get back to, to normalcy, or what is normalcy (laughs), uh, by, by your definition?

Dr. Kanter (35:45):

You know, I think we're in that transition process right now. Look, I mean, you know, over the past six or seven months, we had Mardi Gras, we had Jazz Fest, you mentioned Essence Fest, I mean, I mean, festivals throughout Louisiana that we had been putting off for two or three years. Um, families are gathering. You know, it's tough to buy airplane tickets because everyone wants to go (laughs) catch up on the travel. So, you know, I think we are getting back to normal. It doesn't mean that COVID has vanished. You know, we- we're not gonna eradicate this thing, but we are gonna continue to develop ways to co-exist with it and manage it without having it grossly disrupt our lives. To me, that's what moving to endemic really means.

Diane (36:25):

And again, to be respectful of one another and to listen to each other, that's, that's very critical. So, Dr. Joseph Kanter, if we haven't said it yet, we wanna say you're the best.

Clay (36:35):

Absolutely.

Diane (36:35):

Thank you so much (laughs) for being with us today and we appreciate that everything that you do for us and, yeah, so, the Department of Health helped us today and we didn't even know it-

Clay (36:45):

[inaudible 00:36:45], yeah.

Diane (36:45):

... in some respects, but, uh, especially in this respect, we definitely know how much you've helped us. Dr. Joseph Kanter, God bless you and thank you for everything you do for us.

Dr. Kanter (36:54):

Thank you so much, the pleasure really is all mine.

Diane (36:56):

That wraps up our episode on monkeypox. We hope you've enjoyed the discussion, plus the bonus discussion about the latest with COVID and BA5.