Sawbones 426 Sawbones News: Vaccine Update

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Intro (Clint McElroy): Sawbones is a show about medical history and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello, everyone and welcome to Sawbones, a marital tour of misguided medicine. I'm your co-host, Justin McElroy. This is my first podcast of the day and I'm delighted to discover that I'm in excellent voice this morning.

Sydnee: Hmm... Oh, we waited too late. My voice is not at its best spot.

Justin: What's your peak? What's your voice peak, would you say? 'Cause to me it sounds like music all the time, so it's impossible to distinguish.

Sydnee: It's best when I first get out of bed. It's all downhill from there. [laughs]

Justin: That's why I always try to podcast at 6:15 AM, if I can.

Sydnee: Yeah. I've also been like lubricating. I've been drinking—

Justin: Okay. All right.

Sydnee: No, like my vocal cords. I've been like drinking water is what I meant by that. I'm drinking water.

Justin: No, listen. I got it. Enough said.

Sydnee: The gravel's going away.

Justin: Yeah.

Sydnee: Just a little. I need more black coffee, less water. I am a doctor. [laughs]

Justin: We're trying something new today. You know, it's a swiftly moving world out there. Lots of changes in the medical world and a lot of stories we're sort of like following here at the Sawbones news desk. And we thought it would be good to just kind of update about some of the medical-related stuff that's going on in the world.

Sydnee: Yeah, like medical news in the world today... I don't have a title. I don't have like a catchy title.

Justin: I'll come up with something by the end of the episode.

Sydnee: Okay, by the end of the episode?

Justin: Yeah.

Sydnee: You didn't shut the door.

Justin: Is that distracting you?

Sydnee: Well, I didn't know if it affected the sound quality to have the door open because then the space is larger and I don't know if that...

Justin: Listener, if you can tell the difference between the beginning of this podcast and this part, please do let us know.

Sydnee: Well, I don't know?

Justin: 'Cause if I can leave that door open, just let the sweet breezes blow, then I mean, I'm in. But I do want the best sound quality for our extended podcasting family.

Sydnee: That's what I— I mean, I thought that was the goal. Justin, what do you wanna talk about first? I know, so I don't know why I'm asking.

Justin: Theories on the resort?

Sydnee: No, that’s not medical.

Justin: Okay. Um...

Sydnee: There’s lots of stuff we could talk about if we’re just talking about news. I don’t wanna do that show.

Justin: No.

Sydnee: I just wanna talk about medical stuff.

Justin: I think everybody has been, you know— It's like Monkeypox, what’s going on there.

Sydnee: Mm-hmm, Monkeypox.

Justin: We did an episode... It’s been a couple of months, right?

Sydnee: It was back in May. Towards the end of May, I believe.

Justin: And we refused—I think we were, uh— I tried to be really, really pessimistic on that episode so we didn’t get caught with our preverbal pants down, as we did during the COVID pandemic. Has my skepticism been founded, Syd? Or what’s the situation right now?

Sydnee: I would say it’s a mixed picture. There’s good and bad news in terms of how are things going with this pandemic.

Justin: Mm-hmm? Is it a pandemic?

Sydnee: I mean, it’s in multiple places all over the world, outbreaking simultaneously.

Justin: Okay, all right then.

Sydnee: I mean, I think if you're comparing it to the numbers that COVID has achieved, it is not as widespread, certainly.

Justin: Mm-hmm.

Sydnee: Not even close. But that is because it is transmitted, as we have covered, through a very different route. And so, therefor is less contagious in that sense. If you stand in a room with someone with COVID, you're probably gonna get COVID.

Justin: Right.

Sydnee: If you stand in a room with someone with Monkeypox, you're probably not gonna get Monkeypox, depending on what you do next. The standing in the room part is not the biggest risk.

Justin: That part's fine.

Sydnee: Yeah. So, I'd say it's a good news, bad news kind of thing. Globally, the case counts are definitely dropping overall.

Justin: Mm-hmm, that's good.

Sydnee: That is what we're seeing. Now, that being said, it's really important to not just look at that number, because there's a lot that that number can't tell you. First of all, is it because we're controlling the spread of Monkeypox through isolation, quarantine, vaccination... All the things we do?

Justin: Mm-hmm.

Sydnee: Or is it that we're not reporting? Or is it that it is spreading more in populations who do not readily have access to medical care, to be diagnosed? Is stigma reducing the number of people who come in and tell somebody that they're worried they have it? So, there's a lot. I mean like, overall, that's good. But you don't wanna just see that number and say, "Well, we licked it, folks."

Justin: It's why we always talk about how important it is to destigmatize illness, because you prevent people from seeking treatment or appropriate care, or even testing.

Sydnee: Exactly. The most recent case count in the US, because the US is um… [sings] number one.

Justin: [sarcastically] Hooray!

Sydnee: In Monkeypox cases.

Justin: Oh no! [laughs]

Sydnee: Guys... Anyway...

Justin: Hey, it's a big country, all right?

Sydnee: [laughs] There are other big countries. The US has, as of yesterday at like two o'clock I think was when I got this number, 21,504 confirmed cases. You can track this on the CDC, they have graphs and a big banner.

Justin: Hold on, I've got to update my bookmarks. Yeah, I'm done. Okay, got it.

Sydnee: You can look state by state. Like, West Virginia has eight cases as of yesterday at two o'clock. That could've changed.

Justin: Do you remember when we were like counting single digit cases of COVID for West Virginia?

Sydnee: Mm-hmm.

Justin: Like, "Oh, look. We have five now. Ooh."

Sydnee: It was Saint Patrick's Day, was the day we got one.

Justin: Really?

Sydnee: I still remember in 2020. Because I was on a hospital service. [laughs]

Justin: [laughs]

Sydnee: And I thought, are they here? They're not. They weren't at my county then, we were watching.

Justin: Still.

Sydnee: And again, still largely like if you look at the percentages, most of the cases are in men. Specifically, again, the majority, not all, but the majority are still in men who have sex with other men.

Justin: Okay.

Sydnee: I will say that the numbers are growing disproportionately in the Black community and the Latino community. We are seeing that the breakdown, the percentage of who is getting this, is rising in those communities.

Justin: Hm.

Sydnee: Which means— And what that tells you is that you're not necessarily reaching all of the populations you need to with your information and with your vaccines. That tells you that you need to augment your response because... Okay, so, white people are having access to information on how to prevent, identify, you know...

Justin: Right.

Sydnee: Access vaccines... And everybody else isn't. Which is a common problem because a lot of our healthcare systems are inherently injust to Black people and Indigenous people and you know, people of color. So, that is something that we obviously still need to increase efforts to get information and vaccination to those parts of our communities.

Justin: Mm-hmm.

Sydnee: And we have come up with a new way to get the vaccine out. So, we talked about the vaccines last time, there are two. Most people I think are getting the JYNNEOS vaccine. That is the one that I know. I have some friends locally who have gotten vaccinated and that's the vaccine they received.

Justin: Jin-ayo...

Sydnee: Jin-ayo [laughs]. And they have found a way to like sort of... And when I say this, it sounds like a shortcut or cutting corners. This is a good thing. This is science figuring out a way to take a limited resource and safely, effectively make it go farther.

Justin: Mm-hmm.

Sydnee: They've found that by doing it intradermally, between layers of skin... If you've ever had a TB test, a tuberculosis test. If you've ever had one of those tests where they stick and they make a little bubble right under your skin. And a lot of people will know what I'm talking about.

Justin: Yeah, I remember.

Sydnee: That's an intradermal injection.

Justin: Between layers of skin.

Sydnee: Yeah. In the dermis. Intradermal. In between the dermis. And if you do it that way, you can use less and still get the same effect. So, you can stretch a vial of vaccine farther.

Justin: Oh, nice.

Sydnee: Just by using a different method of injection. And that is a safe, effective thing to do, no matter who you are. There were a lot of questions at first like, "Well, what about people with compromised immune systems?

Will this still be an effective way?" Yes. The same risk exists. If you have a compromised immune system, there is always the possibility you won't react to a vaccine, but that doesn't change depending on which one. That is a risk either way. But there is not increased risk in getting the vaccine this way.

So, that has been a good thing 'cause you can get more doses out of the same vial. So, we can get more people vaccinated. Which ultimately, information, de-stigmatization and vaccination.

Justin: Hey.

Sydnee: Hey [laughs].

Justin: Hey, that's good. Somebody write that down.

Sydnee: … Is a way to control this. Because we have the advantage still with Monkeypox that we did when we eradicated Smallpox. Which is that you can vaccinate people after they've been exposed and you can create these rings of vaccination around people.

Justin: To protect people without them being vaccinated?

Sydnee: Well, like... So, let's say that you find out that you were exposed to Monkeypox two days ago.

Justin: I wasn't.

Sydnee: You weren't. But let's say you found out you were. You can still go get vaccinated now.

Justin: Oh, okay.

Sydnee: Like, after exposure.

Justin: Oh, interesting.

Sydnee: Up to four days there's still a lot... They're still very effective. Nothing's 100%, but they're still very effective in protecting you. And so,

you still have this opportunity to go protect yourself, even after you've been exposed.

Justin: Hm.

Sydnee: That's really key and that is unique to this virus. Other infections are like this, it's why you can get a rabies vaccine after you've been exposed to rabies.

Justin: Mm-hmm.

Sydnee: If you think you got... usually it's a bat in this country. In other parts of the world where dogs aren't routinely vaccinated, it could be a rabid dog. But if you think you've been exposed to rabies, you can still go get a rabies vaccine afterwards. With Monkeypox, if you think you've been exposed to Monkeypox, you can still go get a Monkeypox vaccine.

Justin: Hm.

Sydnee: So, the criteria still for a vaccination... You kind of need to contact, I would say your local health department is your best bet. There may be other providers in your area who have the vaccine. I'm sure they're advertising the heck out of it if they do. But for us, the health department is the only place you can get it. And I'd say that's true for a lot of places.

Justin: Are we still— What's the supply constraint situation like?

Sydnee: We just still have limited amounts. There's not enough to just advise everyone who has... And they keep focusing on people who have sex, anybody who's sexually active. And again, that is just because sex is one of the situations where two humans have prolonged physical contact.

Justin: Right. It's nothing specific about the sexual congress.

Sydnee: Any situation where you have prolonged physical contact with another person puts you at risk for contracting Monkeypox. If they have it, obviously. [laughs]

Justin: Right.

Sydnee: You don't generate it spontaneously through your grinding.

Justin: [laughs]

Sydnee: One person has to have it [laughs]. But they're not recommending it for everyone in those situations yet 'cause one, we don't have enough. And two, we don't know if that's necessary per se. Although, I don't know. I love vaccines. I'll get any vaccine you'll let me get.

Justin: Yeah, let me at 'em.

Sydnee: As soon as I'm am eligible... I am not high risk and so I am not seeking a vaccine because I would like others who are more high risk than myself to get it first. But as soon as it is readily available for me, I'll go get that one too. [laughs]

Justin: What is— how— I was sitting here thinking about other situations that we have prolonged physical contact. At some point, have there been any sort of advisories about best practices for people that aren't— Like, obviously with COVID, you had the social distancing and you know... Don't touch your face, if you remember that hit from the early days.

Sydnee: That was a weird one.

Justin: When or if do you think that we'll start to see the new, new social behaviors or best practices to avoid this?

Sydnee: So, I don't necessarily—

Justin: 'Cause I was thinking about things like massage, right. I don't mean to lay this at the feet of massage therapists. But like prolonged physical contact, skin to skin, whatever. Like, when do you think, or do you think, we'll see people start to recommend against stuff like that?

Sydnee: I don't think you're gonna see widespread recommendations to isolate, or shut downs like we did with COVID. Again, because it's not nearly as contagious in that sense.

Justin: Mm-hmm.

Sydnee: You need to think more about specific risk and our own personal behaviors, is gonna be the way I think that this— And so far, that seems to be the way it's targeted. Actually, I was reading some recommendations on large events. There's a toolkit.

Justin: Hmm.

Sydnee: And the CDC has tons of information on this. If you're somebody who— For instance, the reason I was looking at this is, locally, there is a Pride festival planned for October. So, it's still a bit away. But a spooky Pride festival is planned in our area. And I have had people asking me, "What do you think?"

So, I went to the CDC and there's a whole toolkit, specifically for large events. And they even mention like because some of these are Pride events, but also just generally, any large event. So again, not necessarily aimed at the LGBTQ+ community. But they have recommendations for how to have your event in a safe way. Not to cancel your events.

Justin: Right.

Sydnee: We're not seeing the messaging coming out right now. Because the big thing is to know what Monkeypox looks like. Recognize the symptoms, so that if you have them, you stay home.

Justin: Mm-hmm. Personal responsibility.

Sydnee: Yeah, that's really more the messaging as opposed to everybody shut down everything and stay home. And I think that's really important because when it comes to— And we'll talk about it again, prolonged physical contact. If you sit shoulder to shoulder with somebody, like watching a movie for two hours, you've had prolonged physical contact. Think about it.

If you sit squished up against somebody, if you're hugging somebody or like cuddling with them.

Justin: Is that—

Sydnee: Yeah, I mean, people cuddle and watch a movie. That's prolonged physical contact. If you have like congregate living settings where people might be in close physical contact a lot longer than they normally would. Or share bedding, that's another.

If somebody has lesions, has a rash and they're using their sheets and blankets and pillow and all that. Or they take their coat off and offer you their coat. Or you share their clothes or whatever. These are all modes of transition too.

Justin: Is that fomite transfer?

Sydnee: Yes. And so, that's something to think about too, is like, we have had this question working at a shelter for people experiencing homelessness. What will we do this winter when we start getting donated coats and blankets?

Justin: Oh, yeah.

Sydnee: But a lot of the messaging, again, that I think is most effective, is to say before you donate something, wash it. Because regular laundry detergent will get rid of it.

Justin: Right.

Sydnee: So, like washing it in the washing machine and dryer, that fixes it. So, I think a lot of it is gonna be about responsible messaging. Empowering people to protect themselves, to recognize the symptoms. Encouraging people to stay home if they think they might be ill. And making the vaccine readily available if somebody thinks they've been exposed.

Justin: Mm-hmm.

Sydnee: That’s huge, is making sure that all segments of the population are aware of the vaccines, know where they can get them and know if they are somebody who is eligible for them. There are still some restrictions on who is eligible.

They are largely targeting people still in the MSM community, men who have sex with men, although I know that— And that is both cis and trans men. I also know that they have started to... I haven't heard of any cis women or trans women being vaccinated. But I think that it depends on your state or your local health department.

Justin: Mm-hmm.

Sydnee: I would definitely call. If you think you’re somebody who qualifies, please call. If you’ve been exposed, you definitely qualify. So, if you know somebody who has Monkeypox that you’ve been around... That you’ve been in prolonged physical contact with, that you've shared bedding with, that you’ve shared a coat with, whatever. You qualify.

Justin: You mentioned like the MSM community being more of a focus right now. That is purely just a community— Like, it happens to be prevalent in that community in some places. It has nothing to do with mechanisms or anything other than that as to why it would be more prevalent in men who have sex with men.

Sydnee: No, it has nothing to do with that. It is just that is where it started. And so, because of the mode of transmission, prolonged physical contact, you’re seeing it more prevalent in that community at this moment. That will not remain.

Justin: It’s not a sexually transmitted disease in the way that we would think of VD or— We don’t say VD.

Sydnee: No, we don’t say that.

Justin: What do we say now?

Sydnee: STI, sexually transmitted infections.

Justin: Okay.

Sydnee: No, it is not like that. It definitely— Anyone is at risk from Monkeypox. It does not matter, your gender or orientation. Everyone is at risk for Monkeypox. Yeah, we all are. So, we should all take precautions and, you know, protect ourselves and access whatever resources are available for that.

I think whatever's important to know is the difference between stigmatizing something and targeting a population with information and empowering them to protect themselves. And those are two different things. We should be— Why are you wiggling your ear at me while I'm talking?

Justin: I didn't mean to, sorry. Something itched. Was that distracting?

Sydnee: It was, I'm watching your ear wiggle. [laughs]

Justin: [laughs]

Sydnee: And the CDC is being very... You need to be very purposeful about this.

Justin: Yes. Which they probably learned.

Sydnee: [laughs] You would hope.

Justin: You would hope, over the past couple of years.

Sydnee: There are people right now who are at higher risk because of who has it and how it's spreading. And getting information to those people is essential. And recognizing that this is a person who's at higher risk because of you know... who they are. And so, let's make sure. Right now, we are not doing a good job of making sure everybody who isn't white has the same access to information and vaccines. So, we need to do better.

So, recognizing that is one thing. Stigmatizing it and saying that like, "Oh, if you're not gay, you could never get it." That is dangerous. That is what we

need to stay away from. We need to stay away from shame or guilt or any sort of moralizing about any infectious disease.

Justin: Yeah, yeah.

Sydnee: But especially about this, because then exactly my fear which is are we... we are finding everybody, right? Like, we're still... And that is always my fear with the patient population I take care of. They are often neglected by not just the medical community, like hands on medical community, but by statistics and research.

Justin: Mm-hmm.

Sydnee: People experiencing homelessness, people with substance use disorder. These people, people with serious mental illness, are often left of the equations when it comes to how do we get information and vaccines to everybody. Who do we test, who are we worried about, who do we target with this sort of outreach and advocacy.

My patients are left out of that. And so, part of my response to this has been remembering that I take care of people who are also at high risk in a variety of ways for this. And overlap with some of the high-risk populations. And making sure that they have access too. I think that's the big thing we need to do right now, is target your information, but don't stigmatize the messaging.

Justin: Mm-hmm. Tough line to walk, I bet.

Sydnee: There's a, um... I just wanna— I was very excited... The...

Justin: Oh, this is gonna be really interesting. I can tell. If you're this excited, this gonna be interesting.

Sydnee: Dr. Demetre Daskalakis is in charge of the Monkeypox response. And he's a physician, he was already working with the HIV response at the CDC. And I just was really excited to learn about him.

He does some great videos, you can watch his videos where he gives you all this information I'm giving you about Monkeypox vaccines and stuff. I got a lot of it from him. But he's a really great example of a doctor taking medicine to the people.

Justin: Mm-hmm.

Sydnee: Going out to where people need vaccines or where they need to be tested for HIV. Going to those places and taking medical care to them, it's just really inspirational.

Justin: Great.

Sydnee: I hope I get to meet him some day. That's it. I just wanted to mention it. He's a great resource. They are somebody you can turn to who's gonna give you good, not stigmatized but practical information on this topic.

Justin: Well, what else is going on in the world, Syd?

Sydnee: I'm gonna tell you right after we go to the Billing Department.

Justin: Let's go!

[theme song]

[Let's Learn Everything theme music starts]

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Caroline: Hm, did you?

Tom: [laughs]

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Caroline: And we get to say fu—[censor beep]

Ella: [laughs]

Tom: Maybe not in the trailer? [laughs]

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[Let's Learn Everything theme music concludes]

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[The Greatest Generation theme music concludes]

Justin: So, that was the big story. We had wanted to do a Monkeypox update but we were worried like... We didn't know if there was enough new stuff with Monkeypox to justify it, but we didn't wanna ignore it. So, we thought, are there other things like that in the world? Maybe not a full episode, but definitely something where we could share a little bit of insight. What else is on your news desk?

Sydnee: I wanted to briefly mention the COVID-19 bivalent booster, one from Pfizer, one from Moderna. I feel like it's worth mentioning because it's so weird. Certainty, we haven't... Have we moved on, like as a society, past COVID? 'Cause I feel like people have... Like, this vaccine came out and it was not... People didn't celebrate and talk about it the way that... You know what I'm saying?

Justin: I mean, yes.

Sydnee: It felt quieter.

Justin: Yeah, 'cause— that's because [laughs] the lot of— Yeah. 'Cause yeah. But I don't think that's like... Oh, boy. This is so fraught. I mean, it's tough, right? Because for some people, it is still very much impacting them, day in, day out.

Sydnee: Mm-hmm.

Justin: I think a lot of people are rushing to get back to daily life and there's definitely, you know... through vaccines and boosters facilitating some of that. But I'm not here to make a grand proclamation one way or the other. But it does seem after you know... It seems very conditional, let's say.

I spent some time in... Where were we? Atlanta. And at the convention there, there was like... And a lot of the cities I go to that aren't here, there's a lot more masks and vaccines required and what have you, than we do here. So, kind of an unequal standard I would say.

Sydnee: Yeah, I don't see anybody wearing masks here.

Justin: But I'm stoked about this booster 'cause like, it's been a little bit since we've had one. I'm kind jonesing. I would love, you know, just a bump. [laughs]

Sydnee: [laughs] So, the FDA amended UAs for Moderna and Pfizer to include bivalent formulations of the vaccine.

Justin: Meaning?

Sydnee: Meaning there are two different strains in the vaccine.

Justin: Okay.

Sydnee: Does that make sense?

Justin: Yeah.

Sydnee: It's protecting you against two things. Kind of like the flu vaccine is usually a trivalent or quadrivalent.

Justin: Okay.

Sydnee: It protects you against multiple strains.

Justin: Take your word on that.

Sydnee: We'll it's usually got a couple As and a B in there. You know, there are types of flu. Anyway, the point is, this new bivalent formulation, you can get it at least two months following your primary or booster vaccine.

Depending on where you are, how many... I don't know. Again, I'll get every vaccine they'll give me. I've gotten five 'cause we were in the trial too.

Justin: That's a lot, yeah.

Sydnee: Anyway. These updated boosters have the, um, one of the original strains of COVID-19. And another one that has things in common from both the BA4 and BA5 Omicron lineages.

Justin: Okay.

Sydnee: So, BA4 and BA5 are two lineages of the Omicron variant. And this has a uh... it's a messenger RNA that is like similar between the two of them.

Justin: So, it's good?

Sydnee: Yes. So, the point is it covers you better against these new strains. That is the point. It is more targeted at these new strains.

Justin: And that is what they were like kind of holding off on, right? Like, they were waiting on this new booster round before they could nail that down. From what we understand.

Sydnee: Yes. The Moderna is for use as a single booster in individuals 18 or older.

Justin: Mm-hmm.

Sydnee: The Pfizer, again, single booster. Individuals 12 or older. That is all it is released for so far. You'll have to check locally again to see if it's available. It wasn't readily available in my neck of the woods when it was first approved. I believe it's out now.

Justin: But I want one.

Sydnee: The only reason— I know, I want one too. And I mean, of course, we will get them. The only reason that we had held off... And this is

something that my dad, I guess I'll shout out my dad for giving me medical information. He said, "I thought we were supposed to wait for this one since we had COVID."

And there have always been recommendations that if you received monoclonal antibodies in your treatment for COVID, then you needed to wait a certain amount of time before you would get vaccinated after that, right?

Justin: Right.

Sydnee: Like, that's always been true. But typically, what we've said is that even after you've had COVID, once you're out of quarantine, you can go get a vaccine. If you didn't receive the monoclonal antibodies. Now what they have found is that specifically for this booster, there was some evidence that if you waited three months, the immune response to the booster was stronger than if you got it closer to when you actually had COVID.

Justin: Hm.

Sydnee: That doesn't mean you can't. There's a little calculator on the CDC. You can go and say, when can I get a booster? And it walks you through a series of questions. It's just a little algorithm and you click yes or no. "How old are you, have you done this, when did you do this, what do you..." Whatever.

And at the end it says either like, "No, you're good. You don't need one." Or, "Yes, you should go get one now." I would recommend that if you're not sure. It's an easy-to-use little tool that told me I should get mine, based on my answers.

Justin: Mm-hmm.

Sydnee: So, I don't think that they would recommend against me getting the vaccine at this point. Even though it's been just over two months since we got... It has not yet been three months since we had COVID. But anyway...

Even if you have had COVID recently, the CDC would say you can get these new bivalent vaccines. You just need to wait two months from your last booster vaccine. If you want to wait the three months, there is some evidence for that.

Justin: Mm-hmm.

Sydnee: I think it's just important to remember that COVID strains are still circulating.

Justin: Right, and changing.

Sydnee: And changing, exactly. It will mutate again, that is an inevitability. And we know we can get reinfected. We know that just because you've had COVID, doesn't mean you're safe for ever. I know multiple people who have had COVID two, three times.

Justin: And is it typically worse the second time? Or is there any reason to— I thought I heard that.

Sydnee: No, there's no reason to necessarily assume it would be worse or better. I mean, the strains are different. When you've been vaccinated, we know that your course is less severe. We know that your risk of hospitalization and death is lower. So, that's what you can do. In addition to still being smart about you know, masking, if you choose to do that, and social distancing.

I think if you're in large, crowded areas or you're traveling or those kinds of things, especially indoors as we move in to winter, these strains are gonna circulate again. We're moving into the cold season. And there's nothing wrong with wearing a mask.

Justin: Hey, and folks, take a note from some of the countries that were already up on this. Like, wearing a mask, you'll get sick less. I mean, if you're gonna be at an event. I'll tell ya, I mean, planes, I feel like that's the kind of thing where I'll probably keep wearing— I mean, why not, right?

Sydnee: And we saw that a lot of the measures we took to prevent COVID in the first year, we saw a precipitous drop in flu related deaths in the pediatric population.

Justin: Right, right.

Sydnee: So like, that's reason enough. There's no harm to masking, there's no risk to masking.

Justin: Well, hey, that's not true.

Sydnee: Yes, it is.

Justin: Well, now that I have a beard, there is definitely a risk to masking. And it is itchiness. [laughs]

Sydnee: But there is no harm or risk to masking. I would always encourage like you know—

Justin: You keep saying that there's not harm. I told you about the itchiness. I mentioned it. I know I mentioned it. I didn't say it's bad harm, but it's fine...

Sydnee: [laughs] I mean, I will get every booster as it comes out. Because COVID is not going away. We don't know what the next strain will bring. And we know that there are still people who are unvaccinated who are at risk for severe disease and death, and people who are immunocompromised, who may not respond to the vaccines as robustly. And so therefore, are also at risk for severe disease and death.

And we know that is ongoing. And it should always be all of our desires to prevent illness and death as much as possible. And so, you know, that is the vaccine, it's out. Or the two. I would get them. I will get them. The only reason I haven't is it wasn't immediately available here.

You can get it alongside your flu vaccine. That was a question several people asked me. Like, "The flu vaccine's coming out now too. Can I get 'em both together?" Yeah, there's no reason to wait or stagger.

Justin: Do you think they'll ever start doing them as a combo?

Sydnee: I do think that could come. Yeah, I think eventually. It would be cool to have some sort of platform vaccine that they could immediately add strains to for multiple things. RSV we could throw in there too. 'Cause even though as adults, we are not at high risk for severe disease from RSV, kids are. And it can be very serious in kids.

And so, it would be really cool to vaccinate us all against that eventually. But that is the vaccine for COVID. I don't know why it didn't come out to big applause 'cause Omicron is the wave that really got a lot of us.

Justin: Whoo... Whoo! Virulent. Virulent stuff.

Sydnee: Mm-hmm. And we expect these strains to circulate more with winter coming. I don't mean that to sound ominous, I mean like, take action and protect yourself.

Justin: Anything else going on, Syd, that you wanted to touch on?

Sydnee: The only thing... Do we have time for a brief mention?

Justin: Yeah, we have time. Brief. Brief mention.

Sydnee: Brief mention. I noticed that Dr. Oz was out there giving some medical advice.

Justin: Ah, man. Yeah! Friend of the show. [laughs]

Sydnee: I thought I wasn't gonna have to deal with Dr. Oz as much now that he had expanded his bad advice to all realms of public policy and not just health.

Justin: Right. He's branched out, we can't keep up.

Sydnee: But he was talking about healthcare and advising people that a great way to... I believe the way he put it was, "Crawl up out of the abyss." People who don't have insurance.

Justin: Crawl out up of the abyss. Charming.

Sydnee: Yeah [laughs]. It was to have 15-minute physicals provided in a festival-like setting.

Justin: Oh, okay?

Sydnee: I think what he's talking about... I mean, you've seen these probably. I know like the rural area medical group does this where they like come in, set up a tent and do like physicals or dental exams or whatever. For people who don't have access to healthcare otherwise.

And I'm not saying there's anything wrong with those events, certainly. I do think that since we have a healthcare system that refuses to allow all people affordable access…

Justin: Mm-hmm.

Sydnee: I do think that we resort to things like that. Now, were I someone asking to be in charge of public policy, would that be *my* chosen public policy? No.

Justin: No.

Sydnee: It would probably be making sure everybody has access to like you know, the medical care that's available.

Justin: Right.

Sydnee: But none the less, it brought to mind the idea of the 15-minute physical. What would you do with that information? Oh, and by the way, he wanted you to know that health... Health is not a right.

Justin: Health is not a right.

Sydnee: It’s not a right.

Justin: If I could just be clear about that.

Sydnee: No.

Justin: Health is not a right.

Sydnee: No. Access to it is something that you have a right to.

Justin: Well, I mean... I guess I agree with Dr. Oz there. You can’t really secure a right to health.

Sydnee: But I think what his point is that like... For all of those people who are crawling up out of the abyss...

Justin: [laughs]

Sydnee: I just... How do you... I mean...

Justin: It’s just...

Sydnee: Listen. Listen, Droz. This is my first time running for office too.

Justin: [laughs]

Sydnee: I understand.

Justin: It can be overwhelming.

Sydnee: I understand that it’s difficult to know what to say. And like sometimes people put you on the spot and you feel like you’re supposed to be an expert in everything.

Justin: They want an opinion about something you don’t have an opinion on.

Sydnee: And you're trying to learn as fast as you can an understand all the issues.

Justin: Yeah. It's tough though. Healthcare, he should have on lockdown.

Sydnee: [laughs]

Justin: He should, to be fair, have healthcare stuff pretty well down.

Sydnee: Well, and I would say that in my mind, if the phrase, "Crawling up out of the abyss," ever came into it, I would sort of like whack it away. As like, "Well, that's not a thing you say."

Justin: Unless he's trying to summon and army against the abyss dwellers. You know what I mean?

Sydnee: Mm-hmm, yeah.

Justin: Who are threatening to overthrow the surface world. That is something.

Sydnee: [laughs]. So, I thought just a brief mention for the 15-minute physical. And let me say to all of my fellow primary care practitioners. You know I love my well visits with my... I mean, I don't do as much of that these days because of the type of medical care I provide. But I love that, I love checking in with patients who just wanna come see you and make sure like, "Do I need any screenings? Am I doing okay? How's the family?"

I love those visits. And there is great value in building that relationship with a patient. And this is my pitch for primary care, this is the value of primary care. We know that seeing someone regularly, you build that relationship and that rapport, that makes it easier to tell your doctor when something's going on.

Justin: Mm-hmm.

Sydnee: To feel comfortable saying, "There's actually this one thing that I did wanna mention to you..." That makes it easier for you doctor to pick up

on changes and what your baseline was versus what things are happening now. And they're also more likely to be able to convince you to do things like maybe a colonoscopy that you didn't really wanna do. But you know, you've known your doctor forever and they want you to do it.

Justin: Right.

Sydnee: So like, there's tons of value in that relationship. This is not what he's talking about. He is talking about, in a festival-like setting. I'm gonna say it's the Pumpkin Festival.

Justin: Yes, yes.

Sydnee: So, it's the Pumpkin Festival. You get your pumpkin dumpling. You have checked out some lovely local West Virginia artisans and bought some of their wares.

Justin: Oh, gosh. If you haven't gone to the Pumpkin Festival, I would highly encourage it.

Sydnee: And then I guess you wander over to a table where some sort of medical provider... Who may be very skilled and knowledgeable, let's say.

Justin: Maybe dressed like a pumpkin.

Sydnee: Will do a physical exam on you. And let's say they hear something abnormal, or something looks abnormal. What would they then do?

Justin: I mean, they then have to... There's very little after that point that is free.

Sydnee: Nothing is free. So, now what they can do is hand you some worry. "For your free physical exam, for your troubles, here's something to worry about." And if you don't have insurance, your only recourse is gonna be to go to the emergency room with this worry. Which we know is not the best way to have chronic conditions managed or treated, to go through any sort of work up. And a lot of the times, if it's not an emergency, the emergency

department isn't necessarily gonna have you admitted to the hospital to work this whole thing up.

They're gonna tell you to go get a doctor. Which you couldn't afford in the first place, which is why you went to the Pumpkin Festival to get a physical exam.

Justin: Hm, yeah. So...

Sydnee: [laughs] None of this— and I— There is an amount of evidence out there that also suggests that a yearly physical does not necessarily improve morbidity and mortality. That doesn't mean that a relationship with a primary care doctor doesn't. It does. But... [laughs]

But showing up at a festival and getting a physical once a year from a different random person... Again, no matter, how skilled, knowledgeable, wonderful and altruistic that person might be, I have no evidence to say that's gonna help you in the long run.

Justin: It's a drive-by fix. It's not a systemic solution.

Sydnee: Yes. And there have been groups going around the world practicing drive-by medicine for decades. And we have a growing body of evidence that says that doesn't help in the long run. We need to provide everybody...

Globally, but let's focus on where we... you know, where Dr. Oz is talking about, this country. Readily available, affordable access to medical care. Right there in their home towns. [laughs] Not in a festival setting but in like a typical doctor's office.

Justin: Yeah.

Sydnee: So...

Justin: That's your news of the world. The medical world. The medical... I thought I'd have a name... I thought I'd open my mouth and a name for this type of episode would just spring to mind. If you have a good one for one of

these news updates, please let us know. We're @sawbones on Twitter. How did we secure it? I would rather not say.

Sydnee: Mm-hmm.

Justin: Our email address is sawbones@maximumfun.org. Sawbonesshow.com is the URL for our show. Thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program.

And thanks to you for listening. If you would take a moment to rate and review the show or share it with a friend or whatever, we'd sure appreciate it. But until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[theme music plays]

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