

Sawbones 438: RSV

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Clint: *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, everybody, and welcome to *Sawbones*: a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: And what a thrill it is to be back with you, Sydster, sitting across here at the *Sawbones* studios. Um, finally— things are finally— it was a wild few weeks there.

Sydnee: Yeah.

Justin: You went out of town, you had hospital service, there was the— there was the Candenights, getting ready for that.

Sydnee: Oh my goodness.

Justin: If you haven't gotten your ticket yet, bit.ly/candlenights2022.

Sydnee: It's gonna be so good. We have so much fun stuff in there. Um, man. We worked our butts off.

Justin: Yeah, we really— it's gonna be—

Sydnee: Putting that together. [laughs quietly]

Justin: December 17th at 9 PM Eastern Standard Time. Tickets are five bucks, but you can give more and we encourage you to, 'cause all the money goes to

Harmony House, which is a shelter Sydnee's very personally invested in here, for people experiencing homelessness.

Sydnee: Not financially invested. Just, like, emotionally, spiritually...

Justin: Right. We don't have stock in the—[wheezes]

Sydnee: No.

Justin: [through laughter] In the shelter.

Sydnee: No. [laughs] Everything I do there is volunteer. I do not profit from it except in, like, good feelings. When I see Harmony House doing well and the people I take care of there doing well, I profit emotionally, and my heart grows another size.

Justin: One of our most epic Christmas movie, *A Medicine Called Christmas* trailers, the, I don't know, it's like, part five in an ongoing series. Something like that.

Sydnee: Mm-hmm. Is that right? Five?

Justin: Something like that.

Sydnee: I think part five.

Justin: You count the two live ones, yeah. Anyway, it's gonna be a great show, bit.ly/candlenights2022, December 17th at 9 PM Eastern Standard Time. Get there! You can watch it for, like, a month after or something like that, so it's okay if you can't see it right when it goes live.

Sydnee: No, no. But please, we think you'll enjoy it, and it's for a great cause.

Justin: Oh, I know you'll enjoy it!

Sydnee: Um, also it's been— we alluded to this—

Justin: [singing] It's been...

Sydnee: [laughs quietly] We alluded to this last week, that part of why things got so wild there, and why Justin so nicely filled in doing the research for our last flatulence-based episode, was because I did a stint of inpatient service, as I do periodically, where I take care of patients who see providers within our family medicine department who are then admitted to the hospital. Our team takes care of them. I am part of a team of residents and students, and we care for patients together, and we teach and we learn and we...

Justin: Grow.

Sydnee: ... laugh and we love, and grow. [laughs]

Justin: Yeah.

Sydnee: And we cry. Um, a lot of crying. A lot of rough times recently, because we all are aware— and I've heard this term thrown about— that perhaps we're in the midst of a tripledemic?

Justin: I don't like that.

Sydnee: I don't like it either.

Justin: You don't like—

Sydnee: But I did see it—

Justin: You don't like— you don't like the neologism, or you don't like the idea that we are in a tripledemic?

Sydnee: Well, I don't like that either. I don't like the neologism. I also— I think that sometimes if you give things these names, it's... alarming. And I don't— I don't know. It's alarming without informing. I believe in alarming with informing, when appropriate. I do not believe in alarming without informing, 'cause then what do you do with that?

Justin: It's also the fact that somebody has to come up with a new word that makes you feel like it's unprecedented.

Sydnee: Right. And it's not. I mean, certainly things like this have occurred many times in human hi—

Justin: [crosstalk]

Sydnee: —everything's happened before.

Justin: Yeah, except in the sense that everything's always unprecedented. But— you know, 'cause it's got its own... its own flavor, its own factor. You know, not completely unprecedented.

Sydnee: I don't know. No, not completely unpre— everything has happened before. See, there are multiple dimensions. Honey, I've been thinking a lot about time lately, as I approach 40. Anyway, um... so there are a lot of respiratory illnesses happening right now. And—

Justin: Everybody's sick!

Sydnee: I wanted to talk a little bit about that, and what you can do, and about RSV. We've never covered RSV, I do not believe, on this show. I couldn't find— I had to—[laughs quietly] I had to search our own archives. Sometimes I forget that we talked about something, 'cause it's been... um... almost a decade?

Justin: Almost a decade.

Sydnee: Almost a decade that we've been doing this show. And so sometimes I forget that we did cover something. Um, but I'm pretty sure we have never talked extensively about respiratory syncytial virus, RSV, human RSV, 'cause it also happens in cows, and that's different.

Justin: Yeah.

Sydnee: Not really different, just—

Justin: Not— but it's different enough.

Sydnee: It's different that there's cows, and we're humans. But one thing I wanted to talk about as we kind of get into the history of RSV and where we are now, in exciting news on the RSV front, um, is this kind of concept. I think a lot of— I've heard a lot of people sort of say that, like, right now what we're seeing happening with RSV and influenza, and still COVID, and then all of the other respiratory viruses, right? Like, I can tell you, we do these panels in the hospital,

and most hospitals will have their own sort of respiratory virus panel. I'm sure there are different ones. But in ours, we test for the most common, and then the ones that matter the most in terms of management. Respiratory viruses. So, flu; obviously COVID is on there now, parainfluenza's on there, rhino and enteroviruses are on there, old school coronaviruses, metapneumovirus. Just a— and some of these it doesn't really matter other than to say, like, "That is the virus you have."

Justin: Yep.

Sydnee: Sometimes it helps us direct, if we're thinking like, is this caused by a bacteria and you need antibiotics, or is this caused by a virus and antibiotics wouldn't do anything? It's nice to have a rea— we like reasons.

Justin: Yeah.

Sydnee: We like to know what's going on. Um, but as we've been doing those respiratory viral panels, they're just lighting up.

Justin: [imitates high-pitched beeping]

Sydnee: People are coming in with multiple viruses.

Justin: Many!

Sydnee: Um, many.

Justin: Is that po— I didn't know that was possible. Kind of thought a virus, like, made— kind of stretched out and didn't leave a lot of room for other viruses.

Sydnee: No, you can get more than one at a time.

Justin: Oh.

Sydnee: Yeah. Um, and it is not because our immune systems have been weakened. I have heard that comment made. Like, "Well, our immune systems all got weak the last couple years."

Collectively— and I'm not— you individually may have some sort of, you know, reason to have a compromised immune system, and certainly I am not talking

about those specifics. Generally speaking, isolating, quarantining, you know, staying home, whatever you've done, wearing a mask for the last couple years, did not weaken your immune system. That has not happened. Your immune system is fine. Unless, of course, you're one of the specific, you know, cases I've already talked about. Your immune system is fine. What happened is a couple things. One, we didn't— because we masked and distanced, we didn't get exposed to things at the same rate the last couple years. So we—

Justin: Which hampers your building of an immunity towards things.

Sydnee: Well, what— yes, but you'll build the immunity when you get it. It's just we don't generally expect everybody to get it all at the same time. It's the same thing we talked about during COVID. This idea of overwhelming healthcare systems as being a whole independent, like, morbidity factor. If you go into the hospital and you're the only person with COVID and we can devote all of our resources to you, that's a better situation than if a hundred people come in at this exact same time and need all those resources. Like, other things are gonna go wrong. Does that make sense?

Justin: Yeah.

Sydnee: Well, that is part of what's going on. Everybody's getting sick at the same time. Maybe you delayed getting RSV, or flu, for a year, but now you've all got it. Um, so, I mean, that's definitely part of it. The other thing we've thrown off is the seasonality of this stuff. We have expectations for when people get flu, for when people get RSV. We call them seasons. We talk about cold and flu season. All of that has been sort of... like, we threw a wrench in it, because we spent all this time isolating, and then all of a sudden we all stopped. I mean, most of us stopped.

Justin: So we, like, got out of sync? It's out of sync?

Sydnee: It's all out of sync. So things are happening at times of year where we don't expect, and then you get overlap. So then you get what is happening right now, for instance. This is early for RSV season, right? This is not typically... well, as we're getting into January, that is more when we see the peak of RSV season, traditionally. January, February. It starts earlier, but that's when we see the high point on the bar graph. Um, all that got shifted earlier. We were seeing way more RSV a lot earlier than we normally do, and it was overlapping with flu season... and also COVID is still a thing. This is where the tripledemic... name came in.

Because of these three viral entities overlapping and overwhelming hospital systems. Um, and at this point I haven't— I mean, we have seen at our hospital a huge number of patients, and certainly our pediatric floor was feeling the strain. I believe most pediatric floors were feeling that across the country, all at the same time.

Um, but like you said, this isn't unprecedented, and there are things you can do. But this is why it's happening. Your immune systems haven't been weakened. Wearing a mask does not harm you. It never has harmed you. Wearing a mask would be great, and if you did that during cold and flu season, if we always did that... I mean, we wouldn't see so many people get sick.

Justin: I mean, yeah.

Sydnee: [laughs quietly]

Justin: But if a frog had wings, he wouldn't bump his butt when he hopped. You know?

Sydnee: Yes.

Justin: Think about it.

Sydnee: Let's— so, the beginning of RSV, to kind of walk you through what I'm talking about here. RSV was first discovered back in 1956, okay? And it was called the chimpanzee coryza virus.

Justin: Oh, yeah.

Sydnee: Coryza's like a cold.

Justin: Not super catchy, I guess.

Sydnee: Well, it also, like— if you heard that there was a chimpanzee coryza virus, you probably wouldn't be very worried.

Justin: Is coryza the same, like, root as corona? Is it the same...

Sydnee: No. 'Cause coryza references a cold. Like, the constellation of systems we think of as cold symptoms, like cough and sneeze and sore throat and runny

nose. That's coryza. Now, I get where you're coming from, though. Although corona, it comes from the sun.

Justin: Uh, chimpanzee cold.

Sydnee: Chimpanzee cold doesn't sound very scary.

Justin: It sounds kinda cute.

Sydnee: [laughs quietly]

Justin: A little bit.

Sydnee: But it was isolated in chimpanzees. And then there were some humans that were sick, too, with what seemed to be this chimpanzee virus.

Justin: The man in the yellow hat chief among them.

Sydnee: And this was confirmed only a year later by a Dr. Robert Chanock who was a pediatrician and a virologist who would eventually become the head of the Laboratory of Infectious Diseases at the National Institute of Allergies and Infectious Diseases. Or our friend... Dr. Fauci.

Justin: Oh yeah!

Sydnee: Yes. He did a bunch of— this was a very— he could be a whole other episode. He was a very famous doctor who did a ton of work, basically discovering RSV and figuring out what it was all about, and then working to help develop, to grow and develop vaccines for other diseases as part of his job.

Justin: Awesome.

Sydnee: So, famous cool guy. And at the time, they—

Justin: Cool.

Sydnee: [laughs] Well, I mean, I assume. I don't know. I didn't know him personally.

Justin: [snorts]

Sydnee: Seems like it. Um, so he, uh, isolated it from more kids and was like, "Yes. This is this thing called RSV." It's funny, as I was reading articles I actually found some, like, archived articles from 1960 about, like— because they would—you'd find this new entity, and so then maybe at a specific hospital or institution they'd be like, "Okay. Let's see if we've got that here."

And you start testing a bunch of sick people. Like, "Well, you've all got these cold symptoms. Maybe you've got that new virus."

So then you would test a bunch of people, and then figure out, is it the same agent that that other guy found, and what does it look like? And describe it. And in this one paper I was reading, I enjoyed that they kept calling it the Randall Agent.

Justin: Wow, that sounds cool.

Sydnee: I'm not really sure why. [laughs quietly]

Justin: [laughs] Okay!

Sydnee: But it's RSV, but they keep referring to the Randall Agent. And for the purposes of this paper we will call it the Randall Agent. And I was thinking, like, I think I'd be scared... RSV now has connotations that are scary, especially I think as parents we have scary connotations with RSV. But the Randall Agent sounds scarier to me.

Justin: I'm gonna try to google it, see if I can figure it out.

Sydnee: Um, RSV is the name that stuck. Respiratory you get, it infects your respiratory system. Virus we get, it's a virus. Do you know where the syncytial part comes from?

Justin: No.

Sydnee: Okay. I thought this would be helpful to understand.

Justin: It's on the tip of my tongue. [snorts]

Sydnee: It— so, is it because the virus can form syncytiums which are, like, a mass of cytoplasm with multiple nuclei in there. So, like, cells sort of mashed together. Does that make sense? A syncytiums, a— a mushy mass?

Justin: Just mooshed it.

Sydnee: Mooshed them, the cells are mooshed. They can— because as they infect the cells they sort of change their shape, and then they cause them to slough and, like, stick together... and fuse.

Justin: [simultaneously] Ugh. That's one of the worst words you guys use, by the way. Slough is like the pits.

Sydnee: Slough.

Justin: I wish you all would come up— it's like moist for me. Like, "Slough." Ugh.

Sydnee: That's what's happening up there. It's infecting the cells in your respiratory tract and causing them to, like, slough off and fall down into your respiratory tract. And as long as—

Justin: [strained] So gross.

Sydnee: [laughs] Um, and as long as their up there in the upper respiratory tract, it's the stuff that we're used to getting. It's cough, congestion, runny nose, sore throat. Maybe a fever, especially in little kids or in older people, a fever, although a lot of us wouldn't even have a fever. You'd get a cold.

The problem is when an upper respiratory tract infection becomes a lower respiratory tract infection. That's when we start getting into pneumonias and such that are way more concerning.

Justin: What's your lower respiratory tract?

Sydnee: Like your lungs.

Justin: Okay.

Sydnee: Your major bronchus and lungs and all that. As opposed to the upper respiratory tract, we're talking about, like, your trachea and the initial little

bronchials and things. So if something's in your upper respiratory tract, you're not— you're probably not gonna think to go to the doctor.

Justin: That's what we call a head cold, right?

Sydnee: Um, don't think upper as in head. Think of upper as in, like, the top of your respiratory tree. Your trachea being, like, the entrance to the respiratory tract?

Justin: Well, people distinguish between head cold and chest cold.

Sydnee: Well, I mean, a head cold could also be an upper respiratory infection, yes.

Justin: Okay, got it.

Sydnee: But, like—

Justin: But I'm conflating them by— you don't use these terms, head cold and chest cold, right?

Sydnee: Not really, no.

Justin: So I'm conflating layman's terms with—

Sydnee: I mean, we're talking about, like, the difference between a bronchitis, or a bronchiolitis, or a sinusitis. So you're talking about chest colds and head colds, I'm just localizing them to the system. Which is only useful in the sense that it helps direct treatment, right? Like, why would I make that distinction? Not to be pedantic. There are different sort of pathogens that infect different parts. And the duration of that and the symptomology and all that might help me determine what kind of treatment course you do or don't need, especially when it comes to, like, the majority of stuff that causes these, what we think of as cold symptoms, are viruses. The vast majority are viruses, and so an antibiotic, for instance, does nothing. So that's why these distinctions are helpful.

Justin: Stop asking for antibiotics so much, everybody.

Sydnee: [laughs quietly] It's still— it's still a big problem. I think that that is actually one of the things that COVID has helped people understand a little better.

Is the concept of, like, sometimes... I think there was this sort of thought process that if you get sick enough it must be bacterial, right? Like, if you're sort of sick it's a virus, if you're really sick it's a bacteria. And I think COVID has helped kind of clarify that. That, like, severity does not correlate with microorganism. Microorganism helps us determine treatment plan, but unfortunately sometimes a virus is what's making you really sick, and there is no... treatment for that. Other than supportive care.

So anyway— so for most of us— and this is the thing about RSV. What they determined pretty early. 'Cause it's funny, you see 'em talking about how, like, all the people with RSV are hospitalized in this trial, because that's who they're testing. And so, like, that could indicate that it's a pretty severe illness and that it causes severe disease, 'cause you're hospitalized. Except, well, no. Because maybe only a fraction of people who get it become severely ill, which is what we eventually figured out. There were all these people outside the hospital who also had RSV, we just weren't testing them yet.

So, most of us will get RSV by the age of two. That's where I'm going with all this. By the age of two, the vast majority of people have had RSV. So it's very common.

Justin: You're not saying that I, Justin McElroy, have had RSV?

Sydnee: We have both almost certainly had RSV, yes. I mean, I've never been tested for it.

Justin: Well, you're feeling like...

Sydnee: But we've— it's contagious, it's common, it's seasonal, it comes around every year, and you're gonna get it at some point in your life.

But obviously it can be a bigger deal for other people. And so I want to talk about when RSV becomes something we're more concerned about. But first, we gotta go to the billing department.

Justin: Let's go.

[ad break]

[*Feeling Seen* theme music plays]

Jordan: I'm Jordan Crucchiola, the host of *Feeling Seen*. Where we talk about the movie characters that make us feel seen.

Marissa: And I'm the show's producer, Marissa. Jordan, you've interviewed so many directors, actors, writers, film critics, and I like to play this little game where I take a sip of coffee every time someone says, "That's such a great question."

Guest 1: That's such a fabulous question.

Marissa: Or they tell you how smart you are.

Guest 2: I think you are rather brilliant.

Marissa: And of course, the big one is, when they—

Jordan: When they cry unexpectedly.

Marissa: ... Cry unexpectedly, yes, yeah.

Guest 3: Jordan, I don't wanna cry on your podcast.

Guest 4: I was not expecting to cry!

Jordan: [laughs]

Guest 5: I mean, it makes me kind of wanna cry.

Jordan: *Feeling Seen* comes out every Thursday on Maximumfun.org. Listen already! What are you waiting for?

Marissa: Jordan, that's such a great question.

Jordan: [laughs]

[*Feeling Seen* theme music concludes]

[*Tights and Fights* theme music plays]

Hal: Hal Lublin here with breaking news on a revolutionary form of entertainment, professional wrestling! For more, we go to our correspondent, Danielle Radford.

Danielle: Professional wrestling is the craze that's sweeping the nation. Featuring fisticuffs and colorful costumes.

Hal: But who can help us make sense of this world of body slams? Lindsey Kelk has the answer.

Lindsey: Sources tell us of an amazing podcast called *Tights and Fights*. Filled with discussion of the absurdity of professional wrestling. Plus all the sincerity and hilarity that you could shake a stick at.

Danielle: Listen to the *Tights and Fights* podcast every week.

Lindsey: Find it on Maximum Fun, or wherever you get your podcasts.

Hal: And your old timey radio.

[*Tights and Fights* theme music concludes]

Justin: So, Syd, for whom is RSV more of a problem?

Sydnee: Okay. So, age is a big factor in how concerned we are about you getting respiratory syncytial virus.

Justin: But age isn't anything but a number. This is what I've been taught by popular music. So you tell me how that figures in.

Sydnee: It— well, but it does figure in when we're talking about disease... severity, like, prognosis, and—

Justin: [simultaneously] Then they should add to the song. They should add that to it.

Sydnee: That would not be a very good song. [laughs quietly] So, like I said, the majority of us have gotten by the age of two, and you may or may not have noticed if you or your kid got it, because it may have just been a cold. Usually it's a cold. Now, the R0, by the way, in case you're curious, you're likely to infect

about three people. If you have RSV, you will probably give it to three other people, which is enough that, I mean— and it's spread by respiratory droplets, so a cough or a sneeze. And because it is spread so frequently among children, you can see why it's so conta— I mean, kids just wipe their noses on everything.

Justin: Everything.

Sydnee: We watched Cooper wipe her nose on a dollar bill.

Justin: Which was, I mean, from an anti-capitalist perspective is, like, very cool and punk. But it was very gross. [laughs quietly]

Sydnee: Well, then we're just— then we have this snotty dollar bill to decide what to do with.

Justin: Well, no. She decided. She was threatening other children and her sister with the snotty dollar bill that everybody was grossed out by.

Sydnee: Cooper's a... [sighs] rogue agent. So anyway, you get sick about four to six days after you've been exposed. That's about how long incubation period is. It takes a week or two for all your symptoms to resolve, depending on the severity of illness, of course. And it can live on surfaces for a few hours. So somebody sneezes on a table, and then you put your hand on the table, and then you touch your face. There you go.

It tends to live on your hands for less. Hand washing is all you need to do there. Just wash your hands.

Justin: Hey, our old friend, hand washing.

Sydnee: Um, and—

Justin: Not just for COVID anymore.

Sydnee: But you can see with all this why, like, wearing a mask would have cut down greatly on the transmission of RSV. At this point, we do not believe it is spread— it is not airborne. Now, I know our understanding of such things can evolve over time. But no, it's respiratory droplets, so a mask or hand washing could easily cut down on the spread of RSV. And you can be contagious even if you aren't showing symptoms. So if you're under six months, it's a bigger deal.

We find that you can get sicker with RSV. It is more likely to progress to a lower respiratory tract infection. Or just, like, your little teeny bronchioles are tiny, and there's not a lot of room in there for stuff, so... you can become sicker.

Especially under two months, and that's even more so if we're talking about people who were born prematurely, for instance.

Justin: Oh, for sure, yeah. They're— a lot more vulnerability there.

Sydnee: Um, and then you can get, you know, your bronchiolitis becomes a pneumonia at that point and we're more concerned. Now, only about 1 to 2% of children under six months who get RSV need hospitalization, so it's a pretty low percentage. Now, if it's your family member, you don't care how low the percentage is. That's always the way it works in medicine.

Justin: I would say any statistic is a lot like that, right?

Sydnee: About 58,000 children are hospitalized with RSV each year. And out of those, anywhere from 1 to 500 in the last few years have actually succumbed to RSV. So it is a big deal, in that, um, I think that what we've all seen is if something is preventable, if a death is preventable... what measures are we willing to take to do that? Um, this—

Justin: We've been wrestling like that— with that question as a society for several years now. And I don't feel like it's been a particularly healing... [wheezes] a particularly healing question as a na—[wheezes] as a nation, that particular hypothetical question. I don't feel like we have sussed out an answer that we all feel great about.

Sydnee: Well, it was tough. You know, the asked Dr. Chanock initially after he discovered RSV. They said, "What can we do?"

'Cause there wasn't a vaccine, there wasn't a good treatment. Most people weren't gonna get that sick, but obviously some were. And it's babies. And so the emotional response to that is much more significant. And he said... "Have your babies in the spring." [laughs quietly] Which, I mean, obviously he was being facetious. But there was no— there was no other good advice.

Which, one, reflects the seasonality. We have an expected course of this. So if your baby is born in the spring, by the time they get RSV they're over two months old.

Justin: I love that detachment from scientists that, like, work for years to figure something out, and when they figure it out they're like, "Well. That's about the size of it. Bummer. Okay. [wheezes] [through laughter] Time to do some more science!"

Sydnee: Well, the other— I mean, at the time that was the best advice. I mean, because— well, the things that you'd have to do to prevent the spread of RSV, we have begged people to do for the last couple years. And like you said, we've seen the results of that. If you do socially distance, and you wash your hands, and you wear a mask, and especially stay home when you're sick.

Justin: Oh my gosh, folks.

Sydnee: Because this is a thing to remember. We kind of think of, like, RSV as something that kids get. Because we notice the symptoms in kids more, right? Because they can get sicker.

Which, by the way, before we go on with this conversation— the other end of the age spectrum is also severely affected by RSV. We have found that people over 65, and especially people who have any kind of chronic lung disease or heart disease, can become very ill, and also die from RSV.

Um, every year it is estimated about 177,000 older adults are hospitalized with RSV, and about 14,000 people die from it. More. So that's more. The number for kids was less. We don't really talk about that until recent years where we've started to say, like, "Oh, I guess RSV is a big deal for adults, too."

Um, and then of course also in that conversation is anybody with a compromised immune system, for which this disease can be more severe no matter what age they are.

Justin: And anybody that has it, even if it's not a big deal for you, as we talked about with COVID, you're still a carrier of it and you're spreading it around.

Sydnee: That's the point. So RSV, for those of us who... and this is sort of the problem when you have, um, a society that doesn't value taking time off when

you're ill, that doesn't value the wellness of a worker or an employee as much as their whatever, like, work you can get out of them. When we go to work sick, with a little bit of a cold, and we spread that cold to all of these other more severely impacted groups, this is why we see morbidity and mortality from something like RSV. I mean, we are driving it, right? People under two months who are suffering from this are not driving the spread of this illness.

Justin: I mean, you see very—

Sydnee: We are driving the spread of it.

Justin: You see very few two-month-olds in the office. I mean, literally the only one I can think of is *Boss Baby*.

Sydnee: [laughs]

Justin: And I think he was, like, six months old, you know what I mean?

[pause]

Sydnee: Was he six months old?

Justin: Honey...

Sydnee: He was walking.

Justin: Yeah, when the parents weren't looking. But, like, that's like a whole other...

Sydnee: [laughs]

Justin: I don't think he was walking when the parents are looking. It was Muppet—

Sydnee: I think he was walking.

Justin: It was like— it was Toy Story rules, I'm pretty sure.

Sydnee: I mean, six months would be really early for walking.

Justin: We need to talk about a full episode on *Boss Baby* and just figuring that out. Like, how old is *Boss Baby*.

Sydnee: [simultaneously] How old is *Boss Baby*?

Justin: You know?

Sydnee: Um... so anyway, my point is that, you know, what we figured out is that in order to decrease the spread of RSV, what everybody said is, "Well, we need you to stay home when you're sick. We need you to wash your hands."

And, you know, wearing a mask didn't enter into the conversation, I would say, before COVID, at least in this country. Now, of course that's been normalized in other parts of the world, right? During cold and flu season, to walk around with a mask on. That was not considered abnormal in other places outside of the US prior to COVID, just in the US, where... our... you know. Our value as a worker is all that...

Justin: Go on, Syd.

Sydnee: [laughs quietly]

Justin: Say it.

Sydnee: I won't go on a rant. But the point is, if we stayed home when we were sick then that would decrease the spread among the most vulnerable parts of the population, who aren't necessarily out there getting it. They're just falling victim to the fact that we are out there, giving it and getting it.

Um, but as I said, right now, because RSV season sort of got thrown out of whack, flu season got thrown out of whack. And we're seeing, um, all of the flus. All your best hits. H1N1. I saw quite a bit of H1N1 in the hospital.

Justin: Is that swine flu?

Sydnee: Yes. Um, in addition to, like, other H1— or other Hs and Ns. Um, all of that is happening at the same time. And then the big fear, I think, in the back of everyone's minds, is what does COVID do next? We don't know if there will be another big surge of a new... I mean, we have models that predict that could

happen. And where will these other respiratory viruses be in their disease severity curve, you know?

Justin: Will they kind of merge—

Sydnee: Right. Like, that's the thing.

Justin: —into a constellation of symptoms that are tough to handle.

Sydnee: Our ability to predict when we're gonna see the most cases of these things has been thrown off, and will be for a while. I imagine we'll settle back into a pattern of course. But until then, things are gonna be wild. Now, we have been working on a vaccine for RSV since the 60's, so almost since we discovered it.

Justin: When Sydnee says "we," she means me and her. We have—

Sydnee: [laughs quietly] Me and Justin. No. Uh, scientists have been working on one since the 60's. But it's been hard. What they found initially is that in some of the early, early— and this has nothing to do with the vaccines that are coming out now. Let me just go ahead and say that.

In some of our early attempts to make a vaccine, they found that if you then after you'd been vaccinated got reinfected with the virus again later on, which we expected could happen, you could actually have a more severe reaction. So those were abandoned attempts early on. Like, this is not the way to make this vaccine. Technology has evolved, and just last month Pfizer announced the results of their what they called MATISSE trial. Maternal Immunization Study for Safety and Efficacy.

And basically the idea— and I actually had a friend who was in this trial. You vaccinate a pregnant person against RSV. Because if they are immune through that early neonatal period, that's protective for the baby. Does that make sense?

Justin: Yeah.

Sydnee: So— and they've had some really good success from that trial. They just announced that in November. So it's not out yet. Maybe, though, within the next few months we would say this vaccine released, targeting first pregnant people to protect that early neonatal period. And then I would imagine our next steps would be we need to vaccinate people over 65. And ultimately this would be

a vaccine that, you know, you would hope everybody would have access to, because if we are less likely to get it, we are less likely to spread it, even though I— for me as an example, I personally would not be high risk. More than likely if I got RSV it would be a mild course, and I may not even realize that I'm particularly ill. But I can also spread it. Even if you're not contagious.

Justin: Speaking very theoretically, is this the kind of thing that we could, like, vaccinate our way to, like, stamping out? Or is it more like the flu where it's like, I don't know, man. We just are trying to keep up with it.

Sydnee: More like the flu.

Justin: Yeah.

Sydnee: But if you look at the numbers of people who are getting severely ill from RSV as opposed to the flu, what you're seeing— so, the flu is already being impacted by the presence of a vaccine. So those numbers are already lower than they would be without the vaccine. So those RSV numbers? They're lower than our current flu numbers, in terms of severe disease, right? You get sicker and are more likely to die from the flu, still. So if the RSV numbers were also lowered through the use of a vaccine... I mean, those could be really low. We could make death from RSV incredibly rare. I'm not saying of course that will happen, just like with flu. But we could really drastically drop those numbers with vaccination.

So there is no RSV vaccine widely available yet, but I would encourage you to keep an eye out for it and pay attention. Um, because as you are someone who— if you are in the groups that are first able to get it, it is obviously meaningful. And I would get it if I were in that group.

And if you have not been vaccinated against the flu this year... please go get your flu vaccine. Influenza is still a higher cause of morbidity and mortality. We talked about RSV a lot again because I think it affects people who are so vulnerable. But we are still seeing people severely ill and dying from flu, and that can be greatly decreased by getting your flu vaccine if you haven't.

Justin: And even if you're fine, you're using resources. You know, like, even if you pull through and whatever, it's not just you that gets impacted. You're spreading it to other people. You're, you know, using resources at the hospital, etc, etc.

Sydnee: Mm-hmm, 'cause everybody's getting— everybody's getting sick at the same time right now. And so our systems are gonna be strained. And so we need to be aware of that. Stay home when you're sick. Wear a mask. If you're going to go out when you're ill, if you must, wear a mask.

Justin: [wheezes]

Sydnee: I don't know what our cat is doing.

Justin: Our cats are, like— they have been—

Sydnee: They're, like, crashing in the closet.

Justin: They never play while we're recording, but they've just been in and out of here. You've probably heard 'em. Anyway.

Sydnee: [laughs quietly] Um, and then—

Justin: I think we've been really professional about it. We haven't scolded them one time.

Sydnee: If you haven't gotten all of your available appropriate COVID boosters.

Justin: Come on, y'all. Get them jabs.

Sydnee: We're not out of this. It's not over. I know that it was declared over.
[laughs quietly]

Justin: Mission accomplished banner hanging.

Sydnee: But it wasn't. It didn't end. People are still getting COVID. I'm still taking care of people with COVID. People are still getting sick. So it is still important to get immunized.

Justin: And is it a little bit— does Sydnee kind of cluck her tongue like, "That's a little out of date. It's a little played to have COVID." Of course.

Sydnee: [laughs quietly] That was so last year.

Justin: It's so last year. But still. Get your shot! Just keep gettin' 'em. I'll take all the ones you got. Hey, thanks so much for listening to our show. One brief reminder: bit.ly/candlenights2022. \$5 will get you in to see this show. But if you would give more, that would be great, 'cause all that money's going to Harmony House. It's gonna have— people have made videos. There are special guests. There are more songs that have been written for this than you would think! Some of them even have accompanying sheet music for the flute. [wheezes] It is a wild show. Uh, and you are really gonna like it, I promise. I promise.

Sydnee: Yes. And it's for a great cause. Harmony House does amazing work in our community, and they need all the help they can get right now. We are overwhelmed.

Justin: Thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program. Hey, speaking of Harmony House being overwhelmed, we were scrambling around here for winter coats, and are still scrambling around here for winter coats. If you've got a shelter not unlike Harmony House in your area, it might be— and you got some spare coats, you might want to check and see if there's a need there. Um, some folks were asking me how they could send coats to Harmony House, and you can absolutely do that. If you want to send adult coats to Harmony House, you can look up the address and go for it. But you probably got some folks in your area that could use a coat. And if you've got more than one, you know, if you can spare it.

Sydnee: There are a lot of communities that are seeing an increase in people experiencing unsheltered homelessness, meaning that they are staying outside right now. So I guarantee there's probably somewhere close to you that could use coats, that could use blankets, that could use gloves, that could use underwear. All of the sorts— socks. The essentials that we talk about all the time. I bet there's somebody close to home as well. That's worth checking into.

Justin: Yep. Uh, did I thank The Taxpayers? Well, I'll do it again just to be safe.

Sydnee: Yeah, go for it.

Justin: Thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program. Thanks to you for listening. That's gonna do it for us for this week. 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]

[chord]

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