

# SEPA Synod COVID Q&A with Dr. Tim Babinchak

February 24, 2022

Dr. Tim Babinchak ([00:04](#)):

Thanks Bob. And once again, thank you all for having me and giving me the opportunity to talk with you today. Those of you who have been on in the past, you know I've always broken things down into the six month intervals. And so the question, the first part that I want to go over is, where are we now from a medical and a science standpoint compared to where we were six months ago, and back when we were starting into the school season. And we've made considerable progress in that time, just as we have every six month into where we have, and you're all very well aware of what the challenges were over the holiday season, et cetera. So where are we now?

Dr. Tim Babinchak ([00:58](#)):

We are now in a place where essentially this is going to be the steady state of the world for the future. All right? And what that means is that we now have, in the United States, about 78% of the population that has either been infected or has been and received vaccine. So over three quarters and that number grows daily. So that's the first aspect of where we are now compared to where we were six months ago, in that regard from a vaccine and a general baseline immunity standpoint.

Dr. Tim Babinchak ([02:00](#)):

The second aspect that's important is that we have seen a steady decline since the end of the holidays of the circulation of most recent variant, the Omicron variant and the US has finally achieved about less than a hundred thousand cases a day, looking over a moving 14 day trend. And these are CDC data. So I'm not saying anything that's not readily available out there. However, the deaths continue to lag and we're still around 2000 deaths a day, which is very, very unfortunate in this regard.

Dr. Tim Babinchak ([02:47](#)):

We're also at the point where majority of these hospitalizations and severe cases continue to occur in the unvaccinated or those who are vaccinated, who have significant comorbidities. So what that means is, what the preface from before, if you've been infected, or if you've had, especially if you've had complete vaccination, your risks of developing severe, serious COVID even with the Omicron variant or, or any of the variants that have come before are significantly less. All right? And based on that, all of that information, really, the only current population that has significant vulnerability are our preschool children, the younger than fives. And that's where the emergency use authorization for the Pfizer vaccine is, I was hopeful that by the end of March, that would have received emergency use authorization.

Dr. Tim Babinchak ([04:22](#)):

The FDA has come back and asked for a bit more data in that population. So it's going to be delayed a little bit longer. I don't know how much longer, but that remains our only other vulnerable population. And when I say that, I say that from the standpoint of vaccine has been available now for over six months, for all the individuals who are willing or able to get it. Vaccine access, it has not really been a concern. And so from a medical standpoint, the recruitment of individuals for mass vaccination for [inaudible 00:05:13] is what we refer to essentially as onesies and twosies, we get the people coming in, every who have finally made up their mind, et cetera, but we're not going to see any significant increase in vaccination status in the next six months.

Dr. Tim Babinchak ([05:32](#)):

That's why I started this by saying, this is the current state of affairs. This will be the state of affairs moving forward, very much like it is with influenza. So we're going to have a vaccinated population. We are going to have a somewhat immune population from natural infection. And we're going to have those populations that are at risk and people are going to decide whether or not they're going to get their boosters or not and whether or not there will be boosters come this fall remains to be seen. The major factor for whether or not there will be a requirement of boosters is going to be the evolution of the virus and whether or not we're going to see new variants that are coming down the line. And we continually see these variants pop up, some gain traction, some don't. Right now, there isn't anything in the world gaining any particular traction.

Dr. Tim Babinchak ([06:40](#)):

That being said, we all know the events of this morning and what's happening. And when the world gets disrupted in this way, the opportunity for mother nature to take advantage of that disruption occurs. And depending upon how this evolves, both on a geopolitical side will actually influence part of the medical and scientific side for the development of these particular variants. Mainly because it disrupts populations. It brings people together who have not usually been together and provides an opportunity for diseases, not just COVID, but influenza and other diseases to make their appearance in that way.

Dr. Tim Babinchak ([07:37](#)):

So bottom line, where are we? This is it. And as the discussion has been going on, what you're seeing from a medical standpoint is an understanding that this is the status quo. And as this is the status quo, and the numbers have declined. That's why you're seeing the reversal of these mask mandates, because we are essentially in a situation that was very similar to what we were pre-COVID to scratch out COVID and right in influenza, you had a portion of the population that was vaccinated and who were better protected. And you had a portion of the population that was vulnerable. That being said, what are the best recommendations that we can provide? And from a medical standpoint, all of the things that I've said to you in the past still apply.

Dr. Tim Babinchak ([08:43](#)):

The amount of virus that can be spread by singing, the amount of virus that can be spread in close proximity in crowded groups. All of that is the same. It is the same for COVID as it is for influenza. And just like an influenza season, the world moving forward is not going to be based on any great scientific changes on the medical side, is going to be based on the transmission rates. And so when transmission rates are low, then the risks of transmission are low and the need for the added protections of masks, et cetera, are lower as well. And so it becomes a congregational judgment based on the knowledge of your congregations and the feelings of your congregation around protecting others as to what those requirements are going to mean, or what you're going to need.

Dr. Tim Babinchak ([10:06](#)):

And so I can, from St. John's, we're talking about this as well. And it's at the point where these are decisions that should be based on the transmission rates that we're seeing, and when those are low, we can relax a lot of those particular activities. What you relax and how far you relax you is an individual congregational decision, but I'm more than happy to help guide what I can from a science aspect. So I hope that was helpful, Bob, anything that I didn't address that you want specifically addressed?

Bob Fisher ([10:56](#)):

Thought about a couple of things. One is I keep hearing in the media about BA.2, I guess it's the secondary Omicron variant. And some people are worried. Some are not. Your suggestion is this is not anything to be of concern at this point?

Dr. Tim Babinchak ([11:14](#)):

Yeah. And so the most recent one that you've seen is BA.2 and as I said, there's going to be this continual evolution. And it becomes now more a scientific and a medical exercise as to severity of these variants versus infectivity and transmissibility of these variants. And there isn't any evidence XUS, which you know I always go to because the rest of the world is ahead of us on this one that we're seeing any increase in severity or increase in transmissibility. Most importantly, the vaccinations that we currently have are providing protection against all of these variants. It may not be the high level of protection that we had originally, but the people who are vaccinated are not the people who are ending up in the hospital or are ending up in severe situations.

Bob Fisher ([12:24](#)):

Yeah. I do know from some friends it's still no fun.

Dr. Tim Babinchak ([12:28](#)):

No, and it still happens. The Queens fully vaccinated, but as I said, it's like influenza or anything else. We are reaching the point in this situation where we have a new respiratory virus and the severity and the hospitalization rate, and the mortality is going to be driven as much by the comorbidities, age and other underlying illnesses that are going to drive this when we have stability in the COVID situation. All that changes if a BA.2 or a BA.7 comes along, that's different. But as long as there is stability with the major circulating virus, it's going to be those comorbidities that drive severity in the vaccinated population. And in that 78%, that's going to be the driver of severity.

Bob Fisher ([13:40](#)):

Okay. So in a way you're saying is we have to be vigilant and look for when things are changing. There's a question from the chat. How do we keep track of the rate of transmissibility?

Dr. Tim Babinchak ([13:57](#)):

The CDC numbers are there daily as are the local health department? So Pennsylvania still provides the daily dashboard of numbers. You can drill down by county and after the holidays, and again, the crowding and all the parties and everybody getting together, that went away, numbers are coming down, we've reached a continuing decline in those. And so all that information's available, those are the sites that I can direct you to. CDC for the national, as well as the Pennsylvania Health Department that provides the local numbers.

Bob Fisher ([14:49](#)):

Okay. Thank you. And I would just add the caveat. I live in Bucks County and Bucks County announcing that they're no longer doing daily figures.

Dr. Tim Babinchak ([15:01](#)):

Yeah.

Bob Fisher ([15:02](#)):

So you have to just be aware of what your local government is, or is not doing. Another question that came up in the chat, which I'm glad it came up. I was going to ask it anyway. It's what about long COVID as a differentiation between this COVID illness and simple flu.

Dr. Tim Babinchak ([15:22](#)):

Yeah. And these are, long COVID, first of all, let's make sure that we're talking about the same things. These are people who seem to have lingering symptoms that are varied and remain to be defined and remain to be fully investigated. It certainly is a situation where COVID can induce some of these symptoms, the important part for this group, and this message is that those people have not been shown to be actively shedding virus. Okay? So they're not contagious to other people. These are long reactions of the result of their illnesses, either from the respiratory standpoint, from a fatigue standpoint, from a general wellbeing standpoint, problems with memory, et cetera, things like that. And that is an evolving concept that we are looking at and watching it. We don't have any good clinical medical correlations as to who is going to develop those long syndromes versus those who are not. Importantly, there isn't any evidence of continued virus in these individuals. All right? So it's not ongoing infection.

Bob Fisher ([17:06](#)):

Okay. Thank you. Yeah. Apparently there is a lot of clinical work going on to try to figure out what is happening in here. And I think part of the concern that people have is the effects and some of the stories that people have shared their stories of long COVID share some pretty significant disabilities and cognitive and physical and autoimmune issues. And so, I'm going to guess that maybe the sense of that question was, does that lingering possibility mean perhaps we should be a little more cautious than with the flu?

Dr. Tim Babinchak ([17:52](#)):

No, quite honestly, because all of those same kinds of things, people just don't recognize that influenza can cause a severe encephalitis. It can cause an inflammation of the heart. These are not things that are exclusive to COVID. We've seen these as new pathogens are introduced into our world, the long term effects of those pathogens have to be defined. And that changes over time as well. We've seen this, those of us that are older, you remember Gulf War syndrome back. We've done this with Lyme disease. We've done in our particular, there have been a significant number of pathogens that have these long symptomatology aspects linked to them that require continuing care. Importantly though, and this is where from a medical standpoint, that's why I said importantly, the important aspect is those patients don't have evidence of continuing infection. These become more autoimmune or other areas. It's not persistence of the virus. That's important because it's persistence of the virus that allows for these mutations to occur and the variance to happen. And that's why it's important in our immunocompromised patients that we monitor them very carefully for clearance of the virus.

Bob Fisher ([19:47](#)):

So I guess that raises a question as far as, we have a culture we're very much into individual responsibility and you should manage your own risk and act accordingly. How should congregations be addressing this with folks who have questions about their risks or their concerns?

Dr. Tim Babinchak ([20:11](#)):

Yeah. Their risks and their concern, if their personal questions and risks and concerns, those should really be directed to their healthcare providers. And that's where that information really, because only their healthcare provider knows their particular situation, what their comorbidities are, what the other medications that they may be taking are, and that's where they can share both their family situations, et cetera. Individuals that have newborn infants in the home are going to have a different level of concern than individuals who are in fully vaccinated households in that way. So when it comes down to those individual questions, they should be directed to their healthcare providers. They're in the best position to answer those questions.

Bob Fisher ([21:11](#)):

Thank you. So Ruth has a couple of really good questions in the chat. So let me just throw these two at you. One following on the question about transmissibility. Of the numbers that we see, what would be considered low and what would be considered high.

Dr. Tim Babinchak ([21:33](#)):

So, we went back and way in the beginning, determined low, medium, and high levels of transmission, number of cases, per hundred thousand individuals within the community. And those definitions were very good. However, they're outdated because they were occurring in a population that was not immune. All right? And that's why you have to take those numbers with a grain of salt. And that's why I started by saying we're at a point where we're at 78% of the people being vaccinated or having some type of immunity. So when you see infection rates that are declining in your area, that's when you know that the two things are, one, the stability of the variants that's there. So it's only Omicron at this point. So that variant has gone on through our population. Second, the overall numbers have been declining. And when they're in a declining situation, how low is going to be low remains to be determined as we go through and see what the natural evolution of this virus is going to be.

Dr. Tim Babinchak ([23:14](#)):

We're still trying to determine whether there's going to be seasonality with this virus. In other words, is it going to be like influenza, where it just happens for a six to eight week peak sometime in the wintertime for us, and then goes away for most of the summer and recurs yearly? Or is it going to be based on whether or not a variant is introduced and you won't see seasonality, but you'll see peaks when new variants get, get entered into the population. And that's my six month update when we come back in August and September.

Bob Fisher ([23:55](#)):

Okay. Thank you. So it seems like we have to, again, be aware and be open to possibility that some things that are relaxed may have to be tightened at some point in the future based on evidence.

Dr. Tim Babinchak ([24:09](#)):

Yeah, absolutely. And, this is still, we have changed the discussion and our thresholds around personal responsibility and infectious diseases greatly in the past three years. And because of that, we still have, and we will have a greater likelihood of introducing these types of social controls, masking, distancing, et cetera, four episodes of increased infectiousness and transmissibility. And as I said, all this is just as good. I would be saying the same thing if we were in an influenza peak. Okay? And all of that stuff still

applies. And most importantly for me, washing these is still the most important thing. Okay? The hand washing aspects and just the things you learned in kindergarten still apply.

Bob Fisher ([25:29](#)):

Yeah. That's always true. Isn't it? So a couple more questions are coming in. One is how risky is eating together? Like church socials or church dinners, coffee hours.

Dr. Tim Babinchak ([25:42](#)):

Yeah. Not, it's not. Okay? That's not where we're seeing this transmissibility with one exception and that's in the unvaccinated population. Okay. And that's why I say it's becomes a congregational decision at this point. For those who are vaccinated, et cetera, those situations, we are at a baseline for those who choose not to be vaccinated. Any of these activities will continue to provide them with risk, but it's a risk that they have willingly chosen to accept.

Bob Fisher ([26:20](#)):

Hmm. True. And it remains to be seen if there's liability on public venues around that. The case will always fall follows the facts. Okay. Thank you for that. So I would assume in those places, again, eating together, but perhaps singing in those spaces again, is still considered risky.

Dr. Tim Babinchak ([26:49](#)):

The risks medically, as I answered, the risks are the same. You're still spreading the same particles. The burden of risk is being assumed by those who choose not to be vaccinated. All right? And that's where there has been a bit of a shift in that risk paradigm. Now that we're over three quarters of the population and we have vaccine available except for the youngest individuals, that risk paradigm has now shifted to those who choose not to. The youngest kids, they don't have a choice. Parents don't have a choice in those situations yet. And so, in those situations, if you have an unvaccinated child, no it that's... But it's based on the vaccination and the immunity status, not on the activity status. And that's the same for singing for all of our congregational activities, communion for all, as we enter Lent in the Easter season, all of those things are now based upon the immunity status. They're the ones that are assuming the risks in those situations.

Dr. Tim Babinchak ([28:19](#)):

There isn't anything more that we can do from a medical, or that's why I say, I start with saying, the medical and the scientific aspects of this aren't growing. They're not lined up out my door waiting to get vaccine anymore. And the vaccines available to all of those who want it, except for those preschool age children. And that's where, in the preschool age activity, Sunday school. Yeah. Masking, those are the important areas that the congregations need to consider how they're going to handle, the nursery, those particular activities. Otherwise where vaccine is available. When transmission is down, we have the opportunity to relax a lot of the mitigation aspects that we had put in place.

Bob Fisher ([29:24](#)):

Thank you. We were talking about children. And the question comes, what recommendations do you have in regards to masking in nursery schools, especially if there are immunocompromised children in the school, which it's kind of the school discussion, children need school, but they may be compromised. How do we think about that?

Dr. Tim Babinchak ([29:49](#)):

Children need school. And as I said, vaccine is available to all school-aged children at this point in the preschool and in those areas, the risk matrix is now the same as it was when we were unvaccinated. And that's where I can't eliminate the risk entirely. But every layer that you put on top of that reduces that risk. So you keep the kids spread out, keep the masks on, encourage hand washing, limit the times that they're together, et cetera, all of those things apply. Each one of those things reduces the risk. It doesn't eliminate it, but it reduces the risk for those individuals. And we are very fortunate that outside of the immunocompromised children, that the disease tends to be more mild in that population than it is in those who are older and have more comorbidities. It's not zero. It never will be, but until that time, and I expect by summer that the Pfizer vaccine will be approved for the six months and older population. And by summer, I mean, end of June of 2022.

Bob Fisher ([31:26](#)):

Yeah. Okay. So part of what I hear you saying is that these mitigations or protections work in unison. We've tended, I think to focus on masks because they're a politic. And I don't think we've talked a lot about really ventilation in public spaces, which would include churches. So do you adhere to that school of thought that there's, I think they've called it the Swiss cheese model that there are all of these things

Dr. Tim Babinchak ([32:05](#)):

Yeah. Line up the pieces of Swiss cheese. And while there is a hole in any one particular mitigation, the next mitigation probably covers that hole up and whatever does the third one. So these are all additives in that regard. And, I still emphasize, and this continuously is lost, is that the mask wearing is not to protect you. The mask wearing is to protect others from you.

Bob Fisher ([32:39](#)):

Right.

Dr. Tim Babinchak ([32:39](#)):

And the surgeon wears the mask. Not because he's afraid of getting infected from the person on the operating table. The surgeon wears the mask to keep from infecting the person on the operating table. Right? That's the same reason we wear the masks. The masks are designed to reduce transmission to others, not necessarily to protect ourselves. Okay?

Bob Fisher ([33:12](#)):

Yeah. I think that piece has been lost sometimes in the conversation. I think that flows really well all into the next question that popped up, which is our choir is fully vaccinated. Would it be too soon to not wear masks for Holy Week singing?

Dr. Tim Babinchak ([33:35](#)):

Would it be too soon? So the short answer is probably not okay? There is, from a medical perspective, nothing is going to change between now and our Easter season. Okay. As long as those numbers are low, we're fine. So is it too soon? And that's why I watch the numbers as sort of my guide. And I watch them globally as my guide, as to what we can expect. So nothing is going to change their risks in these intervening weeks, other than introduction of new virus or upswings in transmission.

Bob Fisher ([34:35](#)):

Okay. Thank you. I'm not really connected with that question. Is there. Any need for our congregation to continue lists for contact tracing?

Dr. Tim Babinchak ([34:49](#)):

No.

Bob Fisher ([34:52](#)):

Okay.

Dr. Tim Babinchak ([34:52](#)):

No.

Bob Fisher ([34:53](#)):

That was easy. Okay. Another question that popped up here, John says it was my understanding that both Pfizer and Moderna were working on a fine-tuned booster. Is there any advantage to a mix up of any booster or should one hold out for the custom made?

Dr. Tim Babinchak ([35:20](#)):

So, the short answer to that one is we don't know. All right. So both Pfizer and Moderna, all of the companies are looking at the most recent changes that they've seen in Omicron. And as I said, the efficacy isn't as high as it was for in the beginning. They're looking to see whether they can boost that or change the... Just like we do with influenza. Every year, the influenza virus is updated for our vaccine. These companies are doing exactly the same thing for COVID. They're looking around the world, seeing what's out there, trying to get it potentially not ahead of the virus, but at least keeping pace with the virus to determine, one, whether or not boosters will be necessary. And two, whether that will be a specific booster for a new variant or whether it will just be another shot in the arm from what we've had before.

Dr. Tim Babinchak ([36:34](#)):

That's the short answer on that one. The other part that I want to make sure that I cover is mixing the vaccines has not been shown to be detrimental in any way. Okay. Whether it's beneficial is harder to say because we've had such good efficacy of all of these vaccines. We're measuring very small differences between people who have had all Pfizer or all Moderna versus those, the differences are too small to discern large, to make judgements that way. The import thing is there's no risk involved in having J&J versus any of these vaccines. That's what we have not seen. We haven't seen any increased risk with mixing the vaccines.

Bob Fisher ([37:36](#)):

Yeah. I think one of the hard parts to get our heads around is that we're still learning about this. They call it a novel virus for a reason. So a couple questions, they keep coming, someone asks I'm triple vaxxed and had an almost asymptomatic infection in January. Is it possible for me to still carry the virus and infect my unvaccinated grandchildren?



Dr. Tim Babinchak ([38:05](#)):

No, no. If you've recovered, that's the good thing about vaccine. What we know about vaccine, just like you had an almost asymptomatic, all right. You also shed virus for about half the time of an unvaccinated individual. So unvaccinated individuals with symptomatic disease tend to shed virus for 10 to 14 days. Vaccinated individuals who have symptomatic disease tend to shed virus for about five days. And we know that the illness is shortened and the shedding of virus is shortened in those situations. All other things being equal. Okay. All other things being equal. If you're a kidney transplant pay, et cetera, et cetera. That's why I say when you have those individual questions, that way your healthcare provider is the best person to address those questions to.

Bob Fisher ([39:07](#)):

Okay. Thank you. And another one. So might it be responsible that we go back to communion at the altar with individual cups when transmissibility is down and just let people assume their own responsibility?

Dr. Tim Babinchak ([39:23](#)):

Yes, absolutely. If that is the feelings of your congregation, absolutely. As I say, from a scientific and a medical standpoint, nothing's changing at this point. That's why these now aren't medical or scientifically driven decisions. These are congregational and societal driven decisions.

Bob Fisher ([39:58](#)):

Okay. Thank you. And the caveat is that applies right now, dealing with Omicron the way it is. Some of these answers may change if there's a different-

Dr. Tim Babinchak ([40:09](#)):

Yeah, absolutely.

Bob Fisher ([40:11](#)):

For example.

Dr. Tim Babinchak ([40:12](#)):

Yeah. Yeah, absolutely. And that's why when you ask the four, could we see these mandates? Could we see these things come back in? When the world changes, we will have to adapt to what comes along. And that's why I remain committed to all of you.

Bob Fisher ([40:34](#)):

Well, thank you for keeping us abreast of this. I think I have all the questions that are in the comments. Did anyone, if you'd like to speak and share something, could you raise your hand and we'll call on you?

Speaker 3 ([40:57](#)):

My hands up. I want to know what is the relationship to the vaccine and hearing issue?

Dr. Tim Babinchak ([41:07](#)):

I'm sorry. Hearing issues?

Speaker 3 ([41:09](#)):

Yes. I read in the journal for the ENT people that tinnitus has come. And right now I have radio frequency buzzing in my brain full time. And sometimes I hear the high pitch of the truck backing up. Beep, beep like four to five in the morning, and I didn't have it before the vaccine and in the article, it said the vaccine can cause hearing issues.

Dr. Tim Babinchak ([41:37](#)):

So as with any vaccine, as with anything, there are these situations that can occur. All right? And these events can occur. I'm going to make one caution here. And that is when reports like this come up, particularly from these positions in these journals, it's a little bit like the drunk looking for his keys underneath the streetlight, because that's where the light is best. They are seeing the complications of these vaccines. And that has to be put into perspective with the now billions of individuals who have been vaccinated. Okay. So individual questions like yours need to be addressed by your individual healthcare people. What I can say from an overall standpoint is that there has not been an increase in the reporting of any of these effects over and above other similar vaccines. Okay?

Bob Fisher ([43:14](#)):

Okay. I also see Lynn has her hand up.

Lynn ([43:19](#)):

Yes. I'm not really sure. It's a question, but it's more of liability. So basically, we're working with vaccinated people, we think. Those who are unvaccinated that come to our church should be warned that we are going to go back to quote normal again, so that if they are unvaccinated and they get sick, they understand that it's their responsibility.

Dr. Tim Babinchak ([43:50](#)):

The same as it is when they choose to go to the grocery store, the same as it is when they choose to go to their other activities in the world, those are the choices that you're making. Absolutely. And I am not advocating the relaxation of any of these things on an individual basis. That has to be taken into consideration by the situations that you find yourself. And this goes back to now, as Reverend Fisher said, the personal responsibilities of protecting those preschool children, protecting those who are vulnerable in our population. I think that's an excellent idea of letting individuals know that these are the risks that we are willing to assume, and that risk has been shifted with the availability of appropriate vaccines and appropriate care. Okay. And that includes the masking social distancing, the hand washing the time spent in activities, et cetera.

Lynn ([45:21](#)):

Thank you.

Bob Fisher ([45:24](#)):

Okay, John, I see your hand is up,

John ([45:27](#)):

Right? Dr. Babinchak, as a medical professional and a person who now can say I, now that we know what we know, do you see a possible rewrite of all epidemiology textbooks?

Dr. Tim Babinchak ([45:40](#)):

No, actually not. Okay. It's not, well, let me put it this way. It's not a rewrite. It's a realization of epidemiology. Okay. This is, I can honestly say, this is absolutely no surprise to me. Right? This is the way nature works. A new pathogen is introduced into a susceptible population. That susceptible population has to deal with it in whatever way that is going to be appropriate. And it eventually reaches a steady state. You are old enough. You remember the time before HIV, we saw HIV ravage a population. We got ahead of it with medicine and we get there. This is the new introduction of a respiratory virus that's called COVID. There's going to be another one coming down the line. All right. And it's going to be something different. But that epidemiologic curve is the same. It may be shortened. It may be lengthened. There may be a higher mortality. There are going to be different shapes of that. But nature's pretty predictable for those of us who care to remember.

John ([47:02](#)):

Thank you.

Bob Fisher ([47:03](#)):

Yeah. Memory is important with this. So, I know that there are some areas of the world where it's pretty much standard procedure when there is a respiratory outbreak, flu outbreak, that people tend to wear masks in that sense of protecting people. Do you think that's going to become our reality going forward?

Dr. Tim Babinchak ([47:31](#)):

Yeah. That's why I said earlier that there's a different societal paradigm now than there was before COVID. Before COVID, that was much less likely. Now it is more socially acceptable to add, just as we said, that Swiss cheese model. All right. And we're going to choose which pieces of cheese we're going to put together in there. Masking, social distancing, time spent together, all of those things. And as I said, all of those are just as appropriate from my standpoint for influenza as they are for COVID. And we know when influenza's in its peak, if you introduce all of those things will reduce influenza the same way. We've done it for the last two years. There has been very little flu since 2019.

Bob Fisher ([48:34](#)):

Correct. And as the husband of a preschool teacher, I know that this is simple, but it's difficult to achieve, which is just having people stay home. If they don't feel well.

Dr. Tim Babinchak ([48:49](#)):

You know that's right. And that's the most important thing.