

BridgesTN and BridgesWEST
present a COVID-19 Conversation,
featuring Dr. Kiepp Talbot.
February 2, 2021

>>NANCY (off screen): Welcome to the COVID-19 conversation. We are very excited to have everybody. I'm Nancy Denning-Martin with Bridges for the Deaf and Hard of Hearing. I do recognize all of your names, and hopefully you recognize mine. Thank you for joining us. I ask everybody to be really patient with us tonight. We are going to try to run Zoom as smoothly as possible and to give you the best access possible. So to do that, we're keeping everybody muted except for Dr. Talbot and Brenda.

We're also going to keep all of our video cameras on except for Dr. Talbot and Brenda. That way, everybody can clearly see the presenter and the interpreter. We have closed captions at the bottom. If you do not see your closed captions, please hit the closed caption

button at the bottom of your screen, and you can turn those on.

I am recording the meeting, so just FYI.

Our plan tonight is that Dr. Talbot has a presentation. She has a few PowerPoint slides to share during that presentation, so when she's ready for those, I will share my screen and spotlight Brenda.

At that part of the presentation, you should only see the PowerPoint slides and the interpreter. When Dr. Talbot finishes, I will remove the spotlight and stop sharing, and we'll come back to the screen where you will see Dr. Talbot and Brenda again.

When we get to the PowerPoint, I'll explain how you can make the interpreter larger or smaller depending on the view that you want, so bear with us. I'm very excited. We are in month 526 of this pandemic. You know I'm just kidding, but we are coming up on a year anniversary of officially being in the pandemic, and of going in and out of lockdowns and of wearing masks that have been particularly challenging for our community

because they block so much of the communication that we value.

We have worried many times, everything from having enough toilet paper to the cost of meat to whether or not we would become sick and hospitalized. Obviously in our country, we have lost over 430,000 lives to this disease. And many, many, many more have had everything from what they felt was a very mild experience with COVID-19 to really lengthy hospital stays and terrible battles, and people who have ongoing symptoms even after they have recovered.

So there's been a lot of information for doctors and scientists to learn during this time. Personally, I think they have done a fantastic job of working very quickly and cooperatively to learn as much as they could as quickly as they could and to share that information with all of us.

I'm very proud, I think in our community specifically -- I know in our offices and in the community, many of you have been really doing your part about practicing social

distancing and being smart and wearing your masks and washing your hands.

And so I'm really grateful that we've been able to come together to do -- each playing the part that we can play until the time comes that we get to hug on each other again and see full faces.

But during the pandemic, information has changed very quickly. The situation has continued to evolve. And information has changed. There have also been a lot of rumors and misinformation, so tonight we have an opportunity to get real facts from an expert. And I'm really excited to see what she has to share with us.

And when Dr. Talbot has finished sharing, we have a Q & A section. Some questions have already been submitted. If, during the presentation, you think of a question you would like to ask, please just type that into the chat box, and I will be monitoring that chat box to make sure that your question gets asked.

All right. I have one more person to admit real fast. Okay. Kristi, we're going to stop

your video. Okay.

So again, if you think of a question during the presentation, please type your question in the chat box, and we will make sure that we include it during that portion of the night. But we are ready to officially going to go ahead.

It is my pleasure to introduce Dr. Keipp Talbot, an associate professor of medicine in the division of infectious disease at Vanderbilt Medical Center. She is a member of the Centers for Disease Control's advisory committee on immunization practices and a member of that committee's COVID-19 work group. Dr. Talbot also performs COVID-19 and influenza surveillance for the CDC.

She is well qualified. Anything we've ever wanted to know, the latest and greatest information right here, right now, just for our deaf, deaf/blind and hard-of-hearing communities.

Dr. Talbot, thank you for joining us and for giving us this time and your expertise.

>> DR. TALBOT: Thank you. I'm so excited to be here. And I probably don't know all the answers, but I can probably find someone who does know so we can work it up. So if you want to bring up my slides?

>> NANCY: I'm going to switch over to the slides. That means you'll see a spotlight of Brenda, and I'll be sharing my screen.

>> DR. TALBOT: Perfect.

>> NANCY: Okay. If you are viewing this and you want to make Brenda larger, you can hover on the left side and you can expand the box in which you view her. So if you do not have a clear view of Brenda, just let us know.

>> DR. TALBOT: We're ready?

>> NANCY: Yes, we are ready.

>> DR. TALBOT: Okay.

So I want to talk about the COVID vaccine.

We've been thinking and studying these vaccines for a while. And if you'll move to the next slide? Perfect. Okay, we got it. So we're going to talk a little bit about the history and development of this vaccine.

I think there's a lot of misconceptions. Actually, there's more than a lot. But, um, importantly, this vaccine was not developed in just ten months. So in 2003, the predecessor of COVID, SARS, spread out of China into Hongkong and then into Canada.

It had a very high rate of morbidity, but was different than COVID, in that you had to have fever to spread it. So actually we were able to find everybody who had a fever, put them in a small space, and stopped the spread. But we were always worried that SARS would come back.

And so the NIH and many other places around world were working as hard as they could to develop a vaccine for SARS.

And they actually developed, um, several vaccines. Some of them were total flops. They threw them out, learned from our mistakes, and

moved on.

But they did work with the messenger RNA technology and really were adapting that and moving forward with that, when SARS COV-2 or COVID hit. And so they were able to use this technology they had been working on for years, update it with the new protein, and move forward.

So I think we're not lucky to have had a pandemic, but we are lucky that it was another version of SARS that we could actually develop a vaccine for, and do this as rapidly as we could.

Okay. Next slide. All right. So I want you to focus on that little yellow circle and the red spikey things on top. This is a schematic or a cartoon of the COVID virus. The spikes on top of those red things -- and that's what gives it its appearance of a corona that looks like a sun; it's not named for the beer.

And inside the virus is RNA. Just like we have in our body, there's RNA. This virus doesn't have DNA like we do, just RNA. And it's code for what the virus is supposed to do.

So the idea was if they could take a little piece of the RNA that would code for the spike protein, then we could actually use that to make a vaccine.

Next slide. So RNA is hard to work with because it falls apart. It just falls apart. It's supposed to fall apart naturally. And so it's taken us a long time to figure out how to actually get it stable to use. And they have finally figured out if they wrap it in a layer of fat or lipids, that it will actually be somewhat stable, although we still had to keep it frozen.

[Laughter]

>> DR. TALBOT: Because otherwise it will just fall apart. But what we have figured out is once you get this little RNA into the lipids and you inject it into a person's muscle, then the lipid layer will fuse or combine with a cell and the RNA will go in.

Much of the RNA will just degrade because it falls apart. But some of it will actually get to the ribosomes and make protein. So it will make the spike protein. And as the spike

protein is being made, that RNA is falling apart.

[Laughter]

>> DR. TALBOT: But the spike protein will actually make it to the outside of the cell, or parts of it will make it to the outside of the cell. And your body will know that is not one of your normal proteins. And so it will start to make an immune response. And it's pretty impressive how effective this is.

So what we've done is used our own body to make this vaccine to fight COVID. Couple of key points. This RNA, because it falls apart, never gets near the nucleus where the DNA is. And we don't have the enzymes to turn RNA into DNA. So this can't become part of your DNA. It won't cause you to grow a tail or a third arm.

[Laughter]

>> DR. TALBOT: It just won't do that, okay. This vaccine is so good, if you go to the next slide -- oh, actually, can you go back? Sorry.

>> NANCY: I'm not sure it will let me go back

in this format.

>> DR. TALBOT: Okay. So we're going to go with this. So there are two companies that have been able to use this science to make vaccines. So the first one is Pfizer, and they were a little bit behind the second company. We'll come back to that.

And then the other company is Moderna. Moderna was a little bit further ahead. They decided to give the two doses, dose one, dose two, 28 days apart.

Pfizer, because they were behind, decided to give their two shots, day one and in 21 days later -- and then so they got finished first.

[Laughter]

>> DR. TALBOT: Okay. So this vaccine shows just -- this plot shows just how good the vaccine is. The red lines are the people who got placebo or salt water. And the blue line is the people who got vaccine. And all those little dots and circles represent people who have had COVID. And you can see the placebo group had all the COVIDs, or most of 'em.

It means this vaccine is 95 percent efficacious. Awesome. Okay.

[Laughter]

>> DR. TALBOT: Next slide. Okay. So just to confuse us, when they published their paper, Moderna used blue for the placebo and red for the vaccine. But what you can see is that once again, those curves split and it's 95 percent efficacious.

Awesome, okay. Next slide. Okay. This vaccine works so well, your immune system is very active, which means your arm's going to hurt. You might have a headache. You might have muscle aches, fever, and be really tired. This is especially true after the second dose.

We're not worried about these symptoms. They don't mean you have COVID because remember, you only got a little piece of RNA, not the whole virus. So you can't catch COVID from it.

If, though, you lose your taste, your smell, you have a cough, sore throat, you're short of breath, then we worry you might have COVID, not from the vaccine, but from being exposed.

Okay. Next slide. All right. And actually, you can turn the slides off and I'll just talk. Those were just the things I needed to remember. Okay. so there's several things that have come out since we started the vaccine. The first one was when they introduced Pfizer in Great Britain.

>> NANCY: As we switched back to this view, you may still see Brenda very large. You are welcome to keep her as the main block on your screen. But if you would like to see Dr. Talbot and Brenda side by side, in the top right side of your screen, it should say view or speaker view or gallery view. You want to select gallery view. And then you will see the presenter and interpreter side by side.

>> DR. TALBOT: Okay. Ready? Two of the nurses had a severe allergic reaction immediately after vaccination when they introduced the vaccine in Great Britain. We had not seen that in the trials.

But when it was introduced in the U.S., we

saw it here also. Everyone has done fine because they received medical treatment immediately. But we ask everyone to wait a whole 15 minutes after vaccination. So don't get your vaccine and plan on running out.

If you've ever anaphylaxed, a severe allergic reaction, we will ask that you stay for 30 minutes after your shot. We don't know why this is happening. We don't think it has anything to do with seasonal allergies, dog allergies, egg allergies.

[Laughter]

>> DR. TALBOT: Nothing. We're still learning. So we just would like to remind everyone, after your shot please sit still and wait for 15 minutes. Okay. Pregnancy, lots of people have questions about pregnancy. We are recommending that women who are pregnant get the vaccine. We believe it's safe for the baby because it's (the vaccine) not live. You can't catch COVID from it. And you'll make good antibodies for your baby.

There have been some rumors that if you get this vaccine, that you might become sterile.

Not true.

[Laughter]

>> DR. TALBOT: Some scientists in Germany said that the spike protein is like the placenta, but it's not. And the immune system does not think of them as the same. And if you're still nervous, in the trials for both Moderna and Pfizer young women participated, promised not to get pregnant, promised to use two forms of birth control, and they still got pregnant.

[Laughter]

>> DR. TALBOT: So even after vaccination, many young women got pregnant. Okay. It is safe for breastfeeding. And so breastfeeding moms can take it.

There have been some rumors that that fat layer was made from pigs. It was not. So it is kosher and halal. There were some cases of Bell's Palsy in the vaccine trial. And we're still following to see if there's an increased risk or not. All of those cases in the trials quickly resolved, and we have not yet seen a signal in the U.S.

My favorite question: Do I have to wear my

mask after I'm vaccinated? Yes, yes, yes.

[Laughter]

>> DR. TALBOT: Until most of the population has been vaccinated, we still need to wear our masks to prevent any kind of spread. Okay. It takes two doses to reach your full immunity. And it's seven days after your second dose before you're completely immunized. So please don't go to the bars after your first dose.

[Laughter]

>> DR. TALBOT: All right. I would love to answer some questions.

>> NANCY: Okay. We have a list right here that have been submitted. Is the vaccine free, or is there a cost?

>> DR. TALBOT: Great question. The U.S. government paid for the development and manufacturing of these vaccines. So they are paid for. You, as a taxpayer, have already paid for them, so you should be able to get it free of charge. Some places may charge an administration fee, but I have not yet seen a

place that is doing that.

>> NANCY (reading submitted questions): Can children get the vaccine?

>> DR. TALBOT: Not yet. We have to figure out the right dose for children. So those trials are ongoing.

>> NANCY: Why is it taking so long to get everyone vaccinated?

[Laughter]

>> DR. TALBOT: Yeah. A couple of reasons. One is that we did a fantastic job developing and manufacturing the vaccine. The U.S. government gave lots of money. But they forgot to give money to the states to hire people to give the vaccines.

So in the most recent COVID bill, they have given money to the states, and some of the states are still waiting to get that money to hire people to give vaccines.

>> DR. TALBOT: Because of that, they are

bringing in helpers and thinking of new ways of doing this, volunteers. The second reason is because the way that the reporting is done, not all systems will connect with the federal government's system. So many vaccines are actually given, but the federal government doesn't know.

>> NANCY: If you have already been vaccinated, can you still be a carrier of COVID-19 and infect someone else?

>> DR. TALBOT: Possibly, yes, especially after only first dose. There is new data that looks like it will reduce the number of carriers. So we're hoping it will help stop some spread. But until everyone is vaccinated or almost everyone, we still need to be wearing those masks in case you are a carrier.

>> NANCY: How is this vaccine created so much faster than other vaccines in history? And does that make it less safe?

>> DR. TALBOT: Oh, I love this question. We have learned a lot after SARS. So we had a lot of knowledge to start. The second part is, we told every company that had any kind of candidate, here's the money. Go.

How it usually works for the field of vaccines is someone like me who works in academics has an idea, writes a grant, waits a couple of years to hear from the NIH to get the money.

You get the money. You try a few experiments. You write some papers. You put another grant in to get some more money. You approach a company that's willing to take it into animals and then into people. And it got to the FDA, who has a long time period to review. And then -- it's a long, drawn-out process.

This time, we gave everyone the money and said go. The FDA said, we'll review within a week, and they actually reviewed everything. It was absolutely amazing.

When Pfizer was finished with their studies, the FDA was told approve it and they

said no, not until we look at the data. So Pfizer presented their data. But unbeknownst to most of the American population, the scientists at the FDA re-analyzed all of the data and presented their data to an external advisory committee. And that external advisory committee then made recommendations to the FDA to step -- so what you would normally think of as skipping processes, we didn't do.

The other thing that sped everything up was everything was done in parallel. And what I mean by that is they did the animal studies, the human studies and the manufacturing all at the same time. Usually we do animals. We wait a year or two. Then we do humans, and then we see if it works.

And remember: This whole time we're filling out paperwork for the FDA and the NIH. And then we start manufacturing. And that's not what happened this time. We did everything all at once. We knew that we might design some vaccines that didn't work. And they may have been produced in millions of doses, and we were just going to throw them out.

That was the plan. If these didn't work, we were just going to throw them away. But we knew we couldn't wait to start manufacturing until we knew if it worked or not.

>> NANCY: Why are some counties further along the vaccination phases than other counties?

>> DR. TALBOT: So the counties that don't have large hospitals got to skip that part of the vaccination. And so they were able to move forward. The larger counties with lots of big hospitals had to get their healthcare workers done first, and then they could move on to the rest.

So eventually, I think we'll all get caught up. But I think the fact that some smaller counties that didn't have hospitals got to move directly to older adults.

>> NANCY: And I think you spoke in one of your earlier answers, but after getting the second vaccination, everyone does still need to wear a mask until the majority of people have been

vaccinated. Is that correct?

>> DR. TALBOT: Exactly, spot on.

>> NANCY: So it's not about, I wait a certain amount of time after I'm vaccinated? It is, I have to wait for the whole country to get to where we are?

>> DR. TALBOT: Yes. And that's actually one of the reasons that I love answering these questions, so that everyone can decide whether or not they want the vaccine. But they can decide, being informed. They can have all the answers that they need.

And as people are more comfortable and get the vaccine, we can move closer to that time period where we can ditch the masks. Until then, you have to wear your pretty masks. You can glam 'em up and put sequins and stuff on them.

>> NANCY: How long will the vaccine be effective? Will it become an annual

vaccination, similar to the flu shot?

>> DR. TALBOT: Yeah. So, we don't know. This virus has only been around for about 14 months. And so we are learning as fast as we can how long your immune system, your immunity lasts. The virus however is being impatient and making changes. So you'll hear about the variants. And because of the variants, we may need to be revaccinated, not because of loss of immunity, but because the virus has changed.

>> NANCY: And is it true right now that Pfizer has said several months, and Moderna has said potentially one year?

>> DR. TALBOT: For -- oh, yeah. So when to be re-vaccination might happen?

At this point we don't know. I think the issue is we need to know how different these variants are, how those variants impact how well the vaccines work. And then we'll actually have to design new vaccines for those variants.

So they will actually have to be created, tested, manufactured. So we'll see. I think a lot of it is -- this is one of those times when there's going to be a lot of new information. And we just have to keep up and keep educating.

>> NANCY: Do you know, do you have any time frame for when you think enough of the population will be vaccinated, that we can stop wearing masks?

>> DR. TALBOT: We would like to see about 80 percent of the population who have either had COVID or had the vaccine before we get rid of masks. So that will depend on how, um, fast the vaccine can be made. And it needs to be made safely. We don't want to hurt anybody. And how quickly the American public agrees to vaccination.

>> NANCY: If a person has tested positive for COVID-19, how long then should that person wait before they can take the vaccine?

>> DR. TALBOT: Yeah. So I would say about 90

days. We feel like you're -- you're no longer protected after about 90 days. I'm going to warn you though that people who have had COVID before feel poorly with that first shot. Fever. So it's okay to realize, don't get it the day before a wedding or a big event.

>> NANCY: So just to clarify, if COVID-19 in their body has produced antibodies naturally, you think they're protected for about 90 days. So at the end of that 90 days, the person would need to get the vaccine? If you have previously had COVID-19 and get the vaccine, you are more likely to feel the side effects?

>> DR. TALBOT: Yes, because your body has already been primed. It's ready, set, go.

>> NANCY: Okay. This question says not necessarily vaccine related, but I've heard that certain blood types are more or less prone to severe symptoms if they contract COVID. Is there any truth to this?

>> DR. TALBOT: We don't know yet. We still need to do a lot of research. Those first cases were ones that were -- they weren't spread out enough across the population to make that kind of judgment.

And so we will start looking at genetics hopefully soon to determine what led to some people getting sicker than others. That it's -- if I have an allergy to penicillin, do you think I will have an allergy to the COVID-19 vaccine?

>> DR. TALBOT: No, you should be fine. This vaccine has no preservatives and no antibodies.

>> NANCY: Is there a way you can choose which vaccine you receive, the Pfizer or the Moderna?

>> DR. TALBOT: Yeah. They're basically the same vaccine. They work the same way. And they're just as good as the other one is. So really, we used to tell our kids you get what you get and you don't pitch a fit.

But really, the way that it's being

distributed is that the Pfizer requires a special kind of freezer. They require minus 80 freezers, and not many people have that. And they come in these massive boxes. And not everyone has 1,000 employees to give it to or 1,000 patients. The Moderna vaccine is more stable at higher temperatures and comes in smaller packages.

So what we've been doing overall is big medical centers tend to get the Pfizer. And out in the rural areas and smaller hospitals are getting the Moderna. And it's more of just the ease of distribution and a way to prevent waste.

>> NANCY: Are the severe allergic reactions you mentioned common?

>> DR. TALBOT: No. It's still very rare. About 1 in 100,000.

>> NANCY: You mentioned people who have had a history of severe allergic reactions, so if I have had a history of severe allergic reaction, should I tell that to the person who is giving

me the vaccine?

>> DR. TALBOT: Yes, and they should ask you.

>> NANCY: What do you know about the new strains of COVID-19? And will the vaccines work for all of them?

>> DR. TALBOT: From what we know so far is that they won't work as well. The vaccines won't work as well for the new variants. So I showed you the picture of the spike protein. That spike protein is how the virus usually enters your cells. And it's also how we fight the virus. We make antibodies to block the spike protein.

So when the virus makes changes to the spike protein, we still should have some antibodies that can block it, but maybe not as many as we had before it changed.

So we are hoping that there's still enough antibodies to block the spike, to have some protection. But as the virus continues to change, we lose some of that protection each

time.

So we are going to start -- we're beginning to test to see how different they are. And we're looking at the virus, um, and the vaccine in different countries to see the difference in the different types of viruses.

>> NANCY: You showed us a slide that showed the vaccines from Pfizer and Moderna, both around 95 percent effective. What's the -- like for an MMR or other vaccines that we typically get--what's the efficacy rate for those by comparison?

>> DR. TALBOT: Yeah. So flu is like 30 to 40 percent. Pertussis is probably 60 percent, maybe 70. Measles is 98 percent. Now, those numbers I quote you are for healthy people. So if you have health problems, if you have cancer, if you have to suppress your immune system like if you have lupus, the vaccines probably won't work as well.

So incredibly important for people with lots of health problems to continue to wear

their masks, so that they don't catch COVID from someone else in case the vaccine doesn't work as well.

>> NANCY: If a person has tested positive for COVID-19 and has recovered, no longer has any symptoms, how long should that person wait before taking a second test to see if they are still positive or negative?

>> DR. TALBOT: Can you read that again?

>> NANCY: If a person has tested positive for COVID-19 and has recovered, no longer has any symptoms, how long should they wait before taking another COVID-19 test to see if they are testing positive or negative?

>> DR. TALBOT: Oh. I don't know that you need to unless you're trying to go back to work or come out of quarantine. And I believe that different places are doing it different ways. So it depends on if you're trying to go to work or go back out in the public. And that will be

determined by your local health department.

>> NANCY: Okay. As we're about to wrap up, if you have other questions, be sure you send them very quickly. I have just a couple more on the list here. What should we be doing right now, both people who are vaccinated and people who are waiting to be vaccinated? What precautions should we still be taking?

>> DR. TALBOT: I love this question. Every time the media talks to me and says is there anything else they should know, this is it. This is it. Everyone still needs to wear their mask, wash their hands, and social distance until we are through most of this.

And so I -- I cannot -- our numbers of COVID are down, but we still have people dying every day. And so I feel like it's incredibly important to say wear your mask, social distance, and wash your hands.

>> NANCY: We've had another question come in. Okay, hang on one second. Okay. (reading) My

brother was told last summer he was positive. And the doctor told him at that time that he would continue to test positive for 55 days. Is that true? And should it be required to have a second test?

>> DR. TALBOT: Okay. It is very rare for someone to be positive for 55 days. It's usually someone that has a problem with their immune system or someone who's critically ill in the ICU. Most people are no longer positive after 14 days.

>> NANCY: Okay, let's see. Scroll down here. A lot of people complain of respiratory problems while having COVID. What about gastrointestinal problems; specifically, dizziness that may lead to nausea and ultimately emesis?

>> DR. TALBOT: All of the above. People do have diarrhea and vomiting with this illness. The most common however is the shortness of breath and the cough. I think, too, remember,

any time you have a fever, you feel terrible all over. So you get dizzy. You get sick to your stomach, all of the above.

>> NANCY: A lot has been said about the recovery rate being 98 to 99 percent for COVID-19. Can you speak a little bit to the varying lengths or severities of illness for different people, and what some of the long-term side effects you're seeing maybe?

>> DR. TALBOT: Absolutely. So we don't understand why some people get sick and others don't. We think some of this is due to a bad immune response. So you get the virus. You get a little sick. You start getting better, but then your immune system kind of goes wacky and you get very sick.

In fact, we've had to use steroids, high doses to suppress the immune system in people who are having trouble breathing. I think it's probably a combination of health problems and also genetics. And I think that's going to be one of the most important things that we start

to investigate.

I do worry that a lot of people say only 1 in 100 get really sick and so why should I care? Or only 1 in 100 die; why should I care? And I don't think people understand the perspective of that.

I think it's helpful to say if 1 in 100 planes crashed, would you fly? And most people say no.

>> NANCY: Thank you. We have a message here, thanking you for your time. And then another question: When was COVID first recognized in the United States? I think I may have been sick with COVID last February, when there wasn't a lot of talk about the disease. Is it possible that I had COVID last February and did not know it?

>> DR. TALBOT: It is very possible. It definitely started spreading before we knew it. That's what happened in New York. It went through the city like wildfire before they realized what they were dealing with. And

that's why the hospitals were full. They couldn't take care of anyone but COVID-positive patients. They had not had time to buy enough supplies.

So the doctors were given a bag each day, and they only got one mask and they had to take care of everybody with one mask. So yes. It definitely hit us by surprise. And so there were people who did travel or who were exposed. It is interesting because we have tested people who thought they had COVID, and some had COVID and some had not. So I wouldn't go hang out with COVID-positive people --

[Laughter]

>> DR. TALBOT: -- just in case, and I would still get my vaccine.

>> NANCY: All right. We are coming to the end of our time. Does anybody have any last questions? Or Dr. Talbot, is there anything that we have not asked that you think we need to know?

>> DR. TALBOT: Yeah. I was going to offer, if

anyone has questions that they don't want to ask out loud, personal questions, I am more than happy to receive e-mails and answer them. Not everyone wants to announce everything online, so it's okay. But I really want to answer as many questions as possible. My husband and I both got the vaccines. We've both -- we both have had two doses. I can't wait for my kids to get the vaccine, because I want to travel again.

Then I saw the question about when can we vacation, and I don't know yet. So, um, if your neighbors have question, tell 'em all about how good the vaccine is. So the sooner they get vaccinated, the sooner we all go on vacation.

>> NANCY: Please note, Dr. Talbot said she did see the question that asked about how do we schedule vacations for 2021, because that's someone who works for me.

[Laughter]

[Laughter]

>> NANCY: And she said she did not know. We

all need to get vaccinated.

[Laughter]

[Laughter]

>> DR. TALBOT: All right.

>> NANCY: Are there any last questions? You are also receiving lots of messages, thanking you for your time and for so openly and thoroughly answering questions.

>> DR. TALBOT: Oh, I love it. And I'm serious, if you all have more, let me know. If you have friends that want this, I'm happy to do it. I just feel like it's so important. There's a lot of false information, and it's nice to actually give good news.

And I just -- I'm very thankful, just -- I see the light at the end of the tunnel. We're not there yet, but it's coming. And I just -- I can't wait. So thank you all so much. And I hope you have a wonderful week.

>> NANCY: Well, thank you so much. It is wonderful to get information directly from an expert, and to know that we can trust the

information we're receiving. You've been so warm and personable and made it easily relatable and understandable at the same time.

I want to thank everyone who attended tonight, and thank you for being willing to share questions and engage in this important conversation.

>> NANCY: Good job to Brenda, our interpreter, and to Rhonda, our captionist. We were so glad that we were able to make this conversation fully accessible, and to really have one that is dedicated for our community. We have recorded it. Our goal is that when that recording is ready, we'll be able to upload that on to YouTube and share on our social media so that folks who weren't here tonight hopefully could take a peek. Dr. Talbot has kindly offered to have more conversations if we want those in the future.

If you do have people you know in your circles who would like to have another conversation like this but who missed out on tonight, please let us know, and we will get in

touch with her and make sure we set that up. Dr. Talbot has kindly offered to answer any other questions you may have that may be more personal.

So feel free to reach out to me, Nancy, and we will get your contact information to Dr. Talbot so that they she can answer those questions privately.

And I am just very thankful. It's been a very difficult time. The pandemic has created unprecedented challenges on every possible front from education to health care to our work environments, and we have all had to adjust and adapt on a daily, weekly basis sometimes.

But I really am always struck by how resilient people are, and how important the power of a community coming together can be. And I am thankful that we have doctors and scientists who can lead the way, because they really are the source of the light at the end of this tunnel.

So thank you for all your work, Dr. Talbot, and for your time tonight. Everybody, have a good night. We're kicking you out now. Thank

you.

[Laughter]

>> DR. TALBOT: Okay. Thank you.