When I first heard of VacciCheck, an affordable in-house titer testing kit, its significance didn’t escape me. Nor did the availability of a similar kit from Zoetis. Finally we had something that vets could use in place of unnecessary annual or triennial shots. This surely meant an end to over-vaccination and the subsequent adverse effects. With lab based titer tests often being fairly expensive, vets now had a reasonably priced in-house kit to assure them that animals were protected against vaccinatable disease. Antibody status and immunity levels could be confirmed in less than half an hour. And vets wouldn’t have to worry about loss of booster income. They could add their mark up on the titer test and everyone, except the vaccine mafia, would win!

But – actually – I’m only beginning to fully understand the real significance of titer testing. Quick, easy and inexpensive titer testing has a very real role to play in protecting our dogs from disease – a role that vaccines on their own cannot fulfil.

Through the Pet Welfare Alliance, we drafted letters that could be sent out to vet practices (as well as kennel owners, dog clubs, breeders … any group that was insisting on over-vaccination) to increase the uptake on titer testing. The letters contain the latest science to confirm that vaccines for the core diseases provide up to lifetime protection. We also included scientific references to vaccine adverse effects and negotiated discounts for VacciCheck for vets in the UK and North America.

You can access these letters via petwelfarealliance.org with different versions for different countries, including North America. Anyone can go to the website, type in their vet’s contact details, and print the letter. The letter comes from the Pet Welfare Alliance, so dog owners don’t need to worry about singling themselves out with their vets!
Dog owners in the UK got behind the initiative and many printed and sent out more than 30 letters to practices in their area. Others donated to the fund, enabling us to buy a vet mailing list, print the letters, and send them out. We have now mailed every vet practice in the UK. According to the UK distributor, around a hundred Vaccicheck trays are now being sold here each month. You can still get involved and help spread the word in North America!

In America, Vaccicheck distributor Spectrum Group has been active in its sales drive. Its spokesman Marty Locke tells us that they are trying to re-educate the traditional veterinary community to incorporate titer testing into their annual wellness exam, pointing out that vets can charge the same or even higher amounts for testing than they would to administer revaccinations. This obviously negates concerns about losing booster revenue.

Spectrum has advertised in pet magazines, on radio shows and on blogs, and attended many national veterinary conferences. They’ve also been in touch with all the veterinary colleges, offering to put on seminars and attend their annual vendor days at the schools.

Says Marty Locke: “Sales activity has been increasing regularly but it is a long uphill journey to re-educate so many mainstream vets regarding the side effects of automatically vaccinating, and that they should be practicing responsible medicine by titer testing with Vaccicheck instead.”

I received an email from one vet who had received the Pet Welfare Alliance letter, and his honest and thoughtful response goes a long way to explaining why vets might be reluctant to titer instead of boost.

He said: “I am a vet, in practice for 28 years. I currently keep six dogs, all boosted annually and all very healthy. While CDV (distemper vaccination) does appear to give a good long immunity, a large distemper outbreak occurred here and a considerable number of dogs vaccinated within five years took the infection with severe or fatal consequences. On a good number of other occasions I have seen confirmed cases of parvo and hepatitis in dogs with a much shorter vaccine interval than seven years. This does not appear to agree with your research papers. Like yourself I tend to trust what I have seen rather than what I am told by learned scientists.

“Scientific papers have to be treated with some caution and I would also point out that if a vet went by your vaccination intervals rather than by the manufacturer’s data sheet and an animal then contracted one of these illnesses, a court would be likely to find against the vet.”

I have a lot of sympathy with this vet’s response. We have this year had a few pockets of parvovirus in the UK, and both vaccinated and non-vaccinated dogs were infected. I wrote to the British licensing body to ask if they had established why vaccinated dogs had been affected by parvovirus recently, and received a non-answer: we’re great, vaccines are great, side effects are extremely rare, blah blah blah. They didn’t tell me whether a specific brand or batch of vaccine was failing, how many dogs were affected, or whether a new variant of parvo, not covered by the vaccine, was involved. So I’m none the wiser, and have asked for clarification, which they promise to supply at the end of November (too late for this article).

In a roundtable discussion in Veterinary Healthcare Communications, Dr Jory Olsen stated: “The majority of veterinarians resist changing their vaccination protocols because they’re uncomfortable dealing with this issue. If they have a product licensed for one year, they believe it’s guaranteed to protect their patients for one year. They vaccinate their patients the next year and guarantee that same protection for another year. Now we’re asking them to give the vaccine less frequently because we know it provides protection for longer than a year.

“Yet no one has really demonstrated the vaccine’s efficacy for any set interval, and certainly not for individual animals. We see patients with certain diseases, primarily immunologic deficiencies, that are vaccinated annually but develop no titers. This response may indicate that the vaccine failed at some level. Because we didn’t run titers in the past, we couldn’t identify this problem; we didn’t look at animals immunologically to see if they were responding to vaccines. Now we have to evaluate efficacy and duration of immunity for all these vaccines and try to determine how often they should be given. There are many considerations now for what used to be a simple process.”

*synbiotics.com

What is clear is that there are two factors involved when you are seeking to use a vaccine to create immunity. The first factor is the vaccine itself – does it work? The second factor is the individual you’re vaccinating – does their immune system work?
In an online interview with Dr Karen Becker for mercola.com, veterinary immunologist Dr Ron Schultz said that many people fail to understand that vaccination or revaccination is by no means an assurance that the animal is protected. He has seen dogs that have been vaccinated repeatedly who have no antibody.

Why don’t some dogs develop antibody titers when they’re vaccinated? It’s either because the vaccine didn’t do what it says on the label, or the dog was unable to mount an immune response to the vaccine. This could be due to the dog’s genes, his nutritional status, whether or not he was stressed when vaccinated, whether he was being given immune-suppressant drugs, or whether he was dealing with a different health issue at the time of vaccination.

Dr Schultz adds, “the presence of antibody, even at low levels, means the immune memory response will kick in and within hours the dog’s body will bring the infection under control. There will be infection, but it won’t cause disease. There’s a big difference between infection and disease. And in fact, reinfection without disease isn’t a bad thing because it leads to natural stimulation of the immune response.

“A few vaccines can provide sterile immunity. It is called this because the antibody produced is able to completely prevent the virus from infecting the animal, and so can’t reproduce itself. Vaccines that provide sterile immunity are almost always against viruses that produce systemic rather than local disease. So for example, parvo and distemper vaccines provide sterile immunity for life in most cases, similar to measles, mumps, and rubella vaccines in humans.”

I asked Dr Schultz whether the presence of antibodies would guarantee protection against the core viral diseases in dogs. He replied:

“Nothing is impossible! However a dog with active immunity to CDV/CPV-2/CAV will not develop disease regardless of its physical state! Even a puppy with maternal derived antibody with a titer considered protective cannot become infected/diseased. We have demonstrated that experimentally. In nature it occurs frequently; in shelters where we have severe outbreaks of CPV and/or CDV, we routinely test titers of incoming dogs. If they are adult dogs with titers we put them in with diseased dogs and they never develop disease! That is one of the advantages of the rapid on-site tests like VacciCheck, as we don’t have to isolate dogs with detectable titers!”

Furthermore, Dr Schultz explains that despite the mythology, he has noted that titer levels remain pretty stable over many years. They don’t wane.

The good news is that if you decide to give puppy shots, you can run a test to ensure that your dog has titers and is protected. If you don’t vaccinate, you can also run a titer test. I tested my two Golden Retrievers, Edward and Daniel, when they were about two years old, and both had measurable antibodies – without vaccinating. I can’t tell you how comfortable it makes me feel when I realise that I have avoided vaccine side effects but my dogs are safe from viral disease!

By titer testing, non-vaccinators can be sure of their dogs’ protection – surer than the people who vaccinate but who don’t titer! ☝

Catherine O’Driscoll formed the Pet Welfare Alliance to bring together animal advocates and pet owners from around the world. The group is taking practical action to counteract the massive marketing might of the veterinary pharmaceutical industries. Please add your name to the supporters’ list: petwelfarealliance.org

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