www.chicagotribune.com/classified/realestate/sns-201205011800--tms--petwrldctnya-a20120502may02,0,3962621.column

chicagotribune.com

New guidelines address over-vaccination issue

Steve Dale

My Pet World, Tribune Media Services

May 2, 2012

For decades, Dr. Ron Schultz has been preaching that we're over-vaccinating our pets. It seems traditional veterinary medicine has quietly but decidedly come to agree with him. The proof is in black and white -- the 2011 American Animal Hospital Association (AAHA) Vaccination Guidelines.

One source of controversy has been how often to administer the combination vaccine for canine distemper, canine parvovirus and canine adenovirus. Not long ago, the notion of annual boosters seemed to be the recommendation given by most veterinarians, but that should no longer be the case, according to the AAHA Guidelines.

Schultz, professor and chair of the Department of Pathobiological Sciences at the University of Wisconsin School of Veterinary Medicine, Madison, notes that puppies should absolutely be vaccinated for these viruses. The vaccine is given in several doses. And to minimize the risk of maternal antibody interference with the vaccination, the final dose of the initial series must always be given between the ages of 14 and 16 weeks.



advertisement

Under the AAHA Guidelines, revaccination (or vaccine boosters for distemper, parvo and adeno) is suggested no more frequently than every three years.

When asked directly if dogs need to be revaccinated ever for this vaccine, Schultz offers lots of scientific information about duration of immunity. He then asks how many people as adults are ever given a booster for measles, mumps or rubella. Of course, the answer is pretty much never because it's not necessary. Schultz personally believes no booster is required for dogs (for the distemper, parvo, adeno combo), assuming the initial dose is effective.

One way to insure comfort for pet owners and veterinarians alike is to titer test dogs every three years. A titer test checks to determine the level of protective antibodies. If those antibodies exist, why revaccinate? Schultz asks. A new titer test, called Canine Vacci Check, just now being made available to veterinarians, is faster and easier, Schultz notes.

Schultz is quick to say he's disturbed that zealots are pushing away from any vaccinations whatsoever, their sentiments perhaps related to the controversy over human vaccines potentially causing or contributing to autism.

"Another problem is that people feel, Tve never seen a pet with parvovirus or distemper, so it must not exist," says Dr. Link Welbourn, of Tampa Bay, FL, past president of the American Animal Hospital Association, and chair of the 2011 AAHA Canine Vaccination Guidelines Task Force, which Schultz participated in.

"Unfortunately, with an increase in the pet population, decrease in veterinary visits, the economy (though most communities offer low cost vaccine clinics), and some people making conscious choices not to vaccinate at all, we're seeing outbreaks where we had not seen them previously," Welbourn notes.

According to the AAHA Guidelines, vaccines are divided into three categories: Core, Non-Core and Not Recommended. The combination canine parvovirus, canine distemper and canine adenovirus virus vaccine is considered "core," as is a vaccine for rabies (rabies vaccinations are also required by law).

"All dogs should receive core vaccines, but unfortunately, not all dogs are," Welbourn says. Schultz adds that only half of all dogs entering shelters have received the core vaccines.

Non-Core vaccines are dependent on lifestyle, and perhaps geography. One example is the vaccine for the canine influenza virus.

"The canine flu is as contagious (to dogs) as the human flu (is to people)," says Schultz. "This vaccine (for canine flu) is for dogs who are social with other dogs, attend doggy day care, are boarded, go to groomers or indoor training classes, for example. But it's really about input from your veterinarian, who will know if the canine flu is occurring where you live. In that case, you may be even more proactive about vaccinating."

Also, Schultz says, it's important to understand that while your dog may not likely need frequent (if any) revaccination as an adult for distemper, parvo or adeno, other vaccines do require booster, even annually. Examples are vaccines for the canine influenza virus, bordetella (kennel cough) leptospirosis and Lyme disease.

"Depending on lifestyle or geography, your dog may or may not need these vaccines, but they do need to be given annually," says Schultz.

Clearly, under-vaccinating is a problem, not only for individual dogs, but also because it affects all dogs in a community, potentially allowing disease to become more widespread. Similarly, over-vaccinating is a problem.

"We're seeing autoimmune and allergic-driven illness, which over-vaccination may be the trigger," says Schultz.

The Guidelines are available to download at no cost, directly here: https://www.aahanet.org/PublicDocuments/CanineVaccineGuidelines.pdf or via www.healthypet.com.

(Steve Dale welcomes questions/comments from readers. Although he can't answer all of them individually, he'll answer those of general interest in his column. Write to Steve at Tribune Media Services, 2010 Westridge Drive, Irving, TX 75038. Send e-mail to PETWORLD(at)STEVE DALE.TV. Include your name, city and state. Steve's website is www.stevedalepetworld.com; he also hosts the nationally syndicated "Steve Dale's Pet World" and "The Pet Minute." He's also a contributing editor to USA Weekend.)

Copyright © 2012, Tribune Media Services