



Dr. Jean Dodds' Recommended Vaccination Schedule

VACCINE	INITIAL DOSES	BOOSTER DOSE	RE-ADMINISTRATION INTERVAL
Distemper (MLV)	9, 12, and 16 - 20 weeks	At 1 year MLV Distemper/ Parvovirus only	None needed. Duration of immunity 7.5 / 15 years by studies. Probably lifetime. Longer studies pending.
Parvovirus (MLV)	9, 12, and 16 - 20 weeks	At 1 year MLV Distemper/ Parvovirus only	None needed. Duration of immunity 7.5 years by studies. Probably lifetime. Longer studies pending.
Rabies	24 weeks or older	At 1 year (give 3-4 weeks apart from Dist/Parvo booster) Killed 3 year rabies vaccine	3 years (follow your state requirements)
VACCINES NOT RECOMMENDED FOR DOGS			
Distemper & Parvo (6weeks or younger)	At this age, maternal antibodies from the mothers milk (colostrum) will neutralize the vaccine and only 30% for puppies will be protected. 100% will be exposed to the virus at the vet clinic.		
Corona	1.) Disease only affects dogs <6 weeks of age. 2.) Rare disease: TAMU has seen only one case in seven years. 3.) Mild self-limiting disease. 4.) Efficacy of the vaccine is questionable.		
Leptospirosis	1.) Side effects common. 2.) Most commonly used vaccine contains the wrong serovars (strains.) There is no cross-protection of serovars. Two vaccinations twice per year would be required for protection. 3.) Risk outweighs benefits.		
Lyme	1.) 85% of cases are in 9 New England states and Wisconsin. 2.) Possible side effect of polyarthritis from whole cell bacteria.		

VACCINATION NEWS FLASH

I would like to make you aware that all 27 veterinary schools in North America are in the process of changing their protocols for vaccinating dogs and cats. Some of this information will present an ethical & economic challenge to vets, and there will be skeptics.

Some organizations have come up with a political compromise suggesting vaccinations every 3 years to appease those who fear loss of income vs. those concerned about potential side effects. Politics, traditions, or the doctor's economic well being should not be a factor in medical decision.

NEW PRINCIPLES OF IMMUNOLOGY

"Dogs and cats immune systems mature fully at 6 months. If a modified live virus vaccine is given after 6 months of age, it produces an immunity which is good for the life of the pet (ie: canine distemper, parvo, feline distemper). If another MLV vaccine is given a year later, the antibodies from the first vaccine neutralize the antigens of the second vaccine and there is little or no effect. The titer is not "boosted" nor are more memory cells induced." Not only are annual boosters for parvo and distemper unnecessary, they subject the pet to potential risks of allergic reactions and immune-mediated hemolytic anemia. "There is no scientific documentation to back up label claims for annual administration of MLV vaccines." Puppies receive antibodies through their mother's milk. This natural protection can last 8-14 weeks. Puppies & kittens should NOT be vaccinated at LESS than 8 weeks. Maternal immunity will neutralize the vaccine and little protection (0-38%) will be produced. Vaccination at 6 weeks will, however, delay the timing of the first highly effective vaccine. Vaccinations given 2 weeks apart suppress rather than stimulate the immune system. A series of vaccinations is given starting at 8 weeks and given 3-4 weeks apart up to 16 weeks of age. Another vaccination given sometime after 6 months of age (usually at 1 year 4mo) will provide lifetime immunity.

There are two types of vaccines currently available to veterinarians: *modified-live* vaccines and *inactivated* ("killed") vaccines.

IMMUNIZATION SCHEDULES

There is a great deal of controversy and confusion surrounding the appropriate immunization schedule, especially with the availability of modified-live vaccines and breeders who have experienced postvaccinal problems when using some of these vaccines. It is also important to not begin a vaccination program while maternal antibodies are still active and present in the puppy from the mother's colostrum. The maternal antibodies identify the vaccines as infectious organisms and destroy them before they can stimulate an immune response.

Many breeders and owners have sought a safer immunization program.

MODIFIED LIVE VACCINES (MLV)

Modified-live vaccines contain a weakened strain of the disease causing agent. Weakening of the agent is typically accomplished by chemical means or by genetic engineering. These vaccines replicate within the host, thus increasing the amount of material available for provoking an immune response without inducing clinical illness. This provocation primes the immune system to mount a vigorous response if the disease causing agent is ever introduced to the animal. Further, the immunity provided by a modified-live vaccine develops rather swiftly and since they mimic infection with the actual disease agent, it provides the best immune response.

INACTIVATED VACCINES (Killed)

Inactivated vaccines contain killed disease causing agents. Since the agent is killed, it is much more stable and has a longer shelf life, there is no possibility that they will revert to a virulent form, and they never spread from the vaccinated host to other animals. They are also safe for use in pregnant animals (a developing fetus may be susceptible to damage by some of the disease agents, even though attenuated, *present in modified-live vaccines*). Although more than a single dose of vaccine is always required and the duration of immunity is generally shorter, inactivated vaccines are regaining importance in this age of retrovirus and herpesvirus infections and concern about the safety of genetically modified microorganisms. Inactivated vaccines available for use in dogs include rabies, canine parvovirus, canine coronavirus, etc.

Note: This schedule is the one I recommend and should not be interpreted to mean that other protocols recommended by a veterinarian would be less satisfactory. It's a matter of professional judgment and choice. For breeds or families of dogs susceptible to or affected with immune dysfunction, immune-mediated disease, immune-reactions associated with vaccinations, or autoimmune endocrine disease (e.g., thyroiditis, Addison's or Cushing's disease, diabetes, etc.) the above protocol is recommended.

After 1 year, annually measure serum antibody titers against specific canine infectious agents such as distemper and parvovirus. This is especially recommended for animals previously experiencing adverse vaccine reactions or breeds at higher risk for such reactions (e.g., Weimaraner, Akita, American Eskimo, Great Dane).

Another alternative to booster vaccinations is homeopathic nosodes. This option is considered an unconventional treatment that has not been scientifically proven to be efficacious. One controlled parvovirus nosode study did not adequately protect puppies under challenged conditions. However, data from Europe and clinical experience in North America support its use. If veterinarians choose to use homeopathic nosodes, their clients should be provided with an appropriate disclaimer and written informed consent should be obtained.

I use only killed 3 year rabies vaccine for adults and give it separated from other vaccines by 3-4 weeks. In some states, they may be able to give titer test result in lieu of booster.

I do NOT use Bordetella, corona virus, leptospirosis or Lyme vaccines unless these diseases are endemic in the local area or specific kennel. Furthermore, the currently licensed leptospira bacterins do not contain the serovars causing the majority of clinical leptospirosis today.

I do NOT recommend vaccinating bitches during estrus, pregnancy or lactation.

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