

Our Views on Vaccinations (cont.)

NEW PRINCIPLES OF IMMUNOLOGY

"Dogs' and cats' immune systems mature fully at six months. If a modified live virus vaccine is given after six months of age, it produces 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 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 haemolytic 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 and kittens should NOT be vaccinated at LESS than eight weeks. Maternal immunity will neutralize the vaccine and little protection (0-38%) will be produced. Vaccination at six weeks will, however, delay the timing of the first highly effective vaccine. Vaccinations given two weeks apart suppress rather than stimulate the immune system. A series of vaccinations is given starting at eight weeks and given three to four weeks apart up to 16 weeks of age. Another vaccination given sometime after six months of age (usually at one year, four months) will provide lifetime immunity.

Over the years many pet owners and veterinarians have become concerned about the potentially harmful practice of annual re-vaccination. As immune disease, cancer and chronic disease in canines increase, new studies on the duration of immunity are being done. All 27 veterinary schools in North America are in the process of changing their protocols for vaccinating dogs and cats. Those that are working for change have a long road ahead of them. Old habits die hard; fortunately things are starting to change for the better thanks to a few dedicated veterinarians and researchers who are willing to make a difference!

The following quote, from Ron Schultz, Ph.D., and Tom Phillips, DVM, appeared in Current Veterinary Therapy XI in 1992 (this is a purely conventional textbook, and Drs. Schultz and Phillips are respected veterinary immunologists in the academic community): "A practice that was started many years ago and that lacks scientific validity or verification is annual re-vaccinations. Almost without exception there is no immunologic requirement for annual re-vaccination. Immunity to viruses persists for years or for the life of the animal. Successful vaccination to most bacterial pathogens produces an immunologic memory that remains for years, allowing an animal to develop a protective anamnestic (secondary) response when exposed to virulent organisms. Only the immune response to toxins requires boosters (e.g. tetanus toxin booster, in humans, is recommended once every 7-10 years), and no toxin vaccines are currently used for dogs and cats. Furthermore, re-vaccination with most viral vaccines fails to stimulate an anamnestic (secondary) response as a result of interference by existing antibody (similar to maternal antibody interference). The practice of annual vaccination in our opinion should be considered of questionable efficacy unless it is used as a mechanism to provide an annual physical examination or is required by law (i.e., certain states require annual re-vaccination for rabies)."

VACCINE SCHEDULE, VACCINATION PROTOCOL REVISED 4/00

Dr. Jean Dodds: "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., thyroids, Addisons's or Cushing's disease, diabetes, etc.), the following protocol is recommended:

Age of Pups/Vaccine Type

9 weeks MLV Distemper Parvovirus only (e.g. Intervet Progard Puppy)

12 weeks MLV Distemper/Parvovirus only (e.g. Intervet Progard Puppy)

16-20 weeks MLV Distemper/Parvovirus only (e.g. Intervet Progard Puppy)

(Total of 3 doses ONLY first 3)

24 weeks or older, if allowable by law, Killed Rabies Vaccine

1 year MLV Distemper/Parvovirus only booster

1 year give 3-4 weeks apart from Dist/Parvo booster) Killed 3 year rabies vaccine

MLV=modified-live virus

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 three-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 a booster.

I do NOT use Bordetella, corona virus, leptospirosis or Lyme vaccines unless these diseases are endemic in the local area per 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. Do not vaccinate during times of stress such as surgery, travel, illness, or infection.

For more information, please go to: <http://www.critteradvocacy.org>.

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