



Canine vaccination protocols

Bea Mies

Sat, Jul 31, 2010 at 1:12 PM

To: Mark Kelman

Cc: Virbac - Tanya Hayes, Virbac - Kathryn Barnett, Virbac - Grant Petersen, Virbac - Trevor Mann, Virbac - Paul Cosier, Virbac - Lisa McCann, Virbac - Elizabeth Porter, Virbac - Tom Thurley, Virbac - Andrew Slattery, Virbac - Marnie Hamersley-Smith, Luke Martin, Aine Seavers, Barry Smyth, Mark Lawrie, Marcia Balzer, Graham Swinney, Michael Day, Ronald Schultz, Walt Ingwersen, Richard Squires, Heather Yeatman, Allen Bryce, SimonCUBIT, Kylie BLAKERS, Glenn Lynch, Julie Strous, Jean Dodds, Elizabeth Hart, Jenni Mack

Dear Dr Kelman,

Thank you for acknowledging my email so promptly, and for taking the time to write.

I am replying to your email, however, as you obviously intended your message for my eyes only, I have deleted the content of your email dated 29.07.2010 from this thread.

It is regrettable that you are unwilling to openly address the issues I raised, and answer the "relevant questions" I posed, within the framework of the 'forum' I selected. You will appreciate that, apart from your Sales force, the organisations and individuals copied in my email to you represent the very bodies which need to be part of the "interesting topic of debate", if "our animals' best interests" are to be served.

You correctly deduced that I am very passionate about this subject, and I'm beginning to wonder whether Dr Seavers has a point when she says that "we shouldn't be silenced or shushed" when we start asking questions as to the validity of companion animal vaccination practices.

I find it rather appalling that you should make answers dependent on the 'audience,' and that you should wish or need to be selective in what story you tell, and to whom.

May I please reiterate my "specific questions" on "vaccination, parvovirus, or immunity", none of which have been answered, though asked, in "previous discussions":

- What is the rationale behind annual re-vaccination with MLV vaccines?
- Why is the 'recommended primary and booster vaccination regimen' for your CANIGEN C3 (DHP) vaccine different in different parts of the world?
Two versus three doses for priming/initial boosting of immune system:
Ten versus twelve/sixteen-week finish (UK vs AUS/NZ);
One versus three year DOI (AUS vs UK).
- In the absence of an independent monitoring agency for infectious diseases in companion animals over the last 30 years, how were your findings that

"hundreds to thousands of animals are still affected every year [by CPV]"
arrived at?

- How can 30-50% 'population immunity' help with eradication of distemper?
- With CPV 'persistence', why are the elsewhere registered monovalent CPV vaccines not available in Australia so that this particular disease threat can be targeted more effectively?

You will agree that these questions are indeed relevant to the issue at hand. You will also agree that, apart from your Sales force, the AVA, APVMA, WSAVA, and Vet Surgeons Boards would benefit from clear answers so as to truly promote animal welfare.

With regard to the consumer of veterinary services, may I suggest that it is only a matter of time before the public at large catches on to the fact that, for at least the last 10 years, they've been taken for a ride, forking out money, hand over fist, for unnecessary medical interventions - some (many?) leading to chronic illness necessitating long-term or life-long veterinary care (and expense!) for their pets.

The traditional vaccination protocols have been invalidated, using strong scientific proof - the strongest evidence, perhaps, is the total lack of a scientific basis and justification for the blanket annual revaccination recommendation in the first instance.

Regards
Beate Mies

Bea Mies

28/07/2010 06:59 PM

To: Mark Kelman

Cc: Virbac – Nick Gorrie, Virbac – Tanya Hayes, Virbac – Kathryn Barnett, Virbac – Grant Petersen, Virbac – Trevor Mann, Virbac – Paul Cosier, Virbac – Lisa McCann, Virbac – Elizabeth Porter, Virbac – Tom Thurley, Virbac – Andrew Slattery, Virbac – Marnie Hamersley-Smith, Luke Martin, Aine Seavers, Barry Smyth, Mark Lawrie, Marcia Balzer, Graham Swinney, Michael Day, Ronald Schultz, Walt Ingwersen, Richard Squires, Heather Yeatman, Allen Bryce, Simon Cubit, Kylie Blakers, Graham Lynch, Julie Strous, Jean Dodds, Elizabeth Hart

Subject: Canine vaccination protocols

Dear Dr Kelman,

I have been closely following recent publications of *The Veterinarian* magazine and can't help but notice that your contributions (advertorials?) have been coming hard and fast.

As the editor of *The Veterinarian* seems reluctant to publish a pet owner's perspective of the "vaccination debate", and is generally uncooperative when asked for fair hearing by an equally important player in the veterinary market – THE PET OWNER - I decided to contact you, and the Virbac sales force, direct.

In a nutshell, I fail to see how the one-sided argument which you, and Dr Seavers (April 2010), have offered, addresses what you called 'an interesting topic of debate', i.e. the canine vaccination protocols, in a scientific manner.

You seem to want the profession to accept that, despite the inherent properties of modified-live virus vaccines, i.e. the ability to elicit a robust immune response, resulting in humoral and cell-mediated immunity in (the majority of) susceptible members of the species, the canine immune system requires annual reminding of the pathogens vaccinated against.

You seem to insist that there has been no progress whatsoever in the knowledge of the canine immune system and veterinary vaccinology, and that the protocols implemented in the 1950s need to stand, i.e. annual revaccination of dogs, regardless of immune status.

You seem to dismiss the extent of chronic disease states in dogs, such as skin disorders (I note with interest that your "professional interests include...small animal dermatology"), which have opened up a mega-market for hypoallergenic foods, washes, bedding, you name it. Also serious systemic diseases, and higher rates of cancer seem to have been diagnosed over the last 20-30 years – a coincidence given that widespread C3 vaccination was firmly established by the mid- to late-1980s, following the CPV pandemic of 1978?

You conceded (Sep 2009) that vaccination rates in Australia have been low, i.e. between 30-50 %. In February 2010 you stated (the obvious) that "vaccination of a sufficient percentage of the population will result in herd immunity..." You argue that "Annual vaccination for the last 30 years has led to the reduction of CPV disease outbreaks to the level we see today..." when, in the same article, you state, on a number of occasions, that "...hundreds to thousands of animals are still affected every year". Then, and try as I may, I fail to see how your conclusion "we must continue vaccination to ensure maintenance of the levels of herd immunity that we currently have..." would help in any perceivable way to attain the "dream of CPV eradication". Why would you suggest that we maintain the level of 'herd immunity' we currently have, i.e. revaccinating an estimated 30-50% of the dog population which happen to be on vet databases across the country, when, as you report ,

thousands of unvaccinated dogs are affected by CPV each year? Why not encourage vets, and the public, to ensure that UNVACCINATED puppies are 'targeted'? As you alluded to, it is absolute nonsense to be expecting or wishing for the eradication of CPV by continuing to vaccinate ALREADY IMMUNE DOGS!

I am bewildered by your statement (Sep 09) that "successful annual vaccination of dogs...has led to the near eradication of (canine distemper) virus in Australia". If this is the case, and you are obviously crediting the existing vaccines at historically low vaccination = herd immunity rates with this success, then why is CPV not under control?

Bearing in mind that an estimated 50-70% of the dog population in Australia are not/never vaccinated, and that MDA to CPV persists for much longer than those to CDV (and nobody is even mentioning CAV), why do vaccine manufacturers such as Virbac continue to withhold monovalent CPV vaccines from veterinarians and dog owners in Australia?

In your latest contribution (July 2010) to the "interesting topic of debate", you seem to have taken to discrediting internationally renowned immunologists and virologists who have carried out extensive research over the last three decades or so, confirming that what is true for human vaccines, i.e. attenuated products confer long-lived if not life-long immunity in the majority of people, also applies to canine immunisation.

I could not help but notice, though, that the WSAVA Guidelines for puppy vaccination are echoed on the Virbac Australia website, as they are in your Feb 2010 piece in *The Veterinarian*, i.e. "...it is recommended by the WSAVA Vaccine Guidelines Group for vaccination of puppies in 3 intervals, starting at 8-9 weeks, followed by a second vaccination 3-4 weeks later and a third vaccination between 14-16 weeks of age."

In contrast, the current APVMA approved label for Canigen (revised Sep 2006) recommends a 2-dose puppy series finishing at 12 weeks.

Dr Kelman, vaccination, as the AVA confirmed (back in 1999), is 'one of the most common veterinary procedures'. Why would you say (July 2010) that "immunology and epidemiology are two sciences where expert-level understanding is generally not essential for everyday practice"? If CPV, this nasty, persisting disease, kills off thousands of dogs in Australia every year, why would veterinary practitioners not need to understand the principles of appropriate immunization and herd immunity?

The AVA emphasized that **"The correct use of immunobiological products in**

animals requires a high level of expertise and knowledge of the immune process in animals..."

You declare that "we should always seek to apply the best evidence-based science known today to the medicine we practice". How do your paradoxical 'recommendations' on canine vaccination support your argument? The advice you have been dispensing to veterinarians around Australia, i.e. to maintain herd immunity levels by revaccinating already immune vet patients on an annual basis, is surely inappropriate, based on today's knowledge. Your advice does not constitute good medicine for existing vet patients, and it certainly does not address population immunity.

Perhaps the 2008 financial report for the Virbac group provides the answer to your persistent, non-scientific and, it would appear wilfully misleading, recommendations.

The Management Report confirms that: For 2008, companion animal product sales totalled EUR 271.4 million; of that EUR 49.6 million in immunology. Companion animal business is reported to have accounted for 61.2% of Group Sales (at 31.12.2008) versus food producing animals (36.5%).

QUOTE: "Biology continued to grow on the back of strong performances in cat and dog vaccines in Europe, Latin America and Australia."

While Australia is reported to have one of the largest pet ownership rates per capita in the world, the size of our population coupled with the "high non-compliance" with vaccination and the market presence of 5 multinational pharmaceutical companies vying for the companion animal vaccine business here, it is noteworthy that Australia would feature on Virbac's "best-seller list".

I rest my case.

Regards
Beate Mies

N.B. Virbac's long-standing affinity for the 1994/1995 Finland distemper outbreak seems rather misplaced; the Finnish authorities investigated the causes of the outbreak and found:

"HI [herd immunity], induced by vaccination, depends on the vaccine coverage, on the take of vaccines, i.e. the proportion of the vaccinees that develop sufficient immunity, and also on the market shares of vaccines in case their takes differ markedly...Three CD [canine distemper] vaccine brands were in use

from 1987 until 1994...Uniform vaccine coverage was assumed in the population [based on dog population statistics and vaccine sales]...The take of each vaccine was calculated as the proportion of dogs with detectable levels of neutralising antibodies against CDV...Vaccine coverage is not equivalent to HI, since the take of vaccines actually never reaches 100%...**The incongruity between the vaccine coverage and actual HI stemmed from the dominant market position of low-take vaccines.** An additional factor possibly contributing to the proliferation of the disease was...the disproportionately high number of dogs <2 years of age in 1988-1994. Our data demonstrated that 3/4 of confirmed cases were among dogs less than 2 years of age...It can furthermore be reasoned that the shift to high-take vaccines appeared to effectively deal with the outbreak..." NOTE: The two low-take vaccines, enjoying a combined market share of 68.% (in 1988) and increasing to 90.1% (in 1994), were taken off the market in Finland.

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