



Re: Canine 3-year vaccination intervals

Bea Mies

Sat, Jul 24, 2010 at 12:08 PM

To: Aine Seavers, Barry Smyth, Mark Lawrie, Marcia Balzer, Graham Swinney, Glenn Lynch, Julie Strous

Cc: Heather Yeatman, Michael Day, Ronald Schultz, Marian Horzinek, Richard Squires, Kylie BLAKERS,, Jean Dodds, Luke Martin, Mark Kelman, Elizabeth Hart

Dr Seavers,

I wrote to you on July 8, asking pertinent questions regarding the practice of veterinary science in general, and canine vaccination in particular.

Like you, I'm not afraid to ask questions; unlike you, who went to painstaking lengths, lecturing your peers on what's right and what's wrong in the "theatre of life than (*sic*) is General Practice", I was prepared to look at all sides of the argument. The problem is that, for the last 5+ years, the veterinary fraternity in Australia has been unable to provide the evidence for the practices you and the majority of your peers are holding on to, as if for sheer life.

In *The Veterinarian*, you stated that "We are not sheep or lemmings. We should not be silenced and shushed...". From where I'm standing, I see a veterinary movement (stand-still, rather, as the profession seems firmly planted in the traditional 'art of administering vaccines') geared to preserve the status-quo. As a profession, you have chosen to be silent and not share current knowledge with your clients or, as governing legislation calls for, obtain informed consent from your client, following a thorough risk/benefit analysis of each individual animal you see in your practice.

Contrary to your proclamation in *C&T*, IT IS YOUR PROFESSIONAL RESPONSIBILITY TO BE THE ADVOCATE FOR EACH ANIMAL THAT IS PLACED IN YOUR CARE! It's what the consumer of veterinary services would call professional duty of care and professional ethics!

EXAMPLE: "I have offered three-year vaccines to my clients who have inquired about it – I tell them I can get it in for them no problem and I would be delighted to get their feed back as I won't be using it on my own dogs for about 10 more years."
(Seavers, *The Veterinarian* April 2010)

Your clients tell you, as the professional rendering a service designed to safeguard the health of their family pet, that there is a 3-year vaccine on the market?

Your risk/benefit analysis of the family pet presented to you for professional healthcare boils down to you declaring your willingness to obtain and administer a vaccine, willy-nilly, without exploring, apart from the obvious physical health of the animal placed in your care, the vaccination history, the nutrition, the lifestyle, etc. and discussing all the pros and cons with the client who will be paying for the service?

Your risk/benefit analysis culminates in your very unscientific statement that "...I explain that the work was challenging 12 dogs in the USA and serology for others..." Not only do you not take account of the basic immunological principles for host response to MLV vaccines, you misrepresent the amount of research done in this field, since the 1970s.

You hide behind "outside pressure", accusing me and my colleague Elizabeth Hart (I wonder whether your accusations are directed at anybody else, seeing that you refer to the "vociferous TINY anti-vaccine section of the public"?) of being "reactionary, strident, and threatening...attempting to halt conversation amongst the veterinary practitioners in Australia". You declare that the "truth of the matter" = the 'vaccination debate' is the "move to a 3 yearly global experiment".

Having looked at the "science" of canine vaccination, I conclude that the last 30-something years of C3 vaccination has been the largest-scale experiment, conducted on the world stage, using unsuspecting and uninformed vet clients! As Professor Browning so aptly put it in his recent presentation^[1]:

*Over the past 20 years there have been major changes in the approach to veterinary vaccine development in the scientific community. This approach, possibly somewhat arrogantly referred to as "rational vaccine development", is possibly better described as conscious development, because **we know what we have done, but not all the consequences of it.** (My emphasis)*

Isn't it time that the veterinary profession in Australia acknowledged the unscientific foundation of annual vaccination, and the subsequent extensive research in the field of veterinary immunology, and accepted that animal welfare is not being served by maintaining the status-quo?

Isn't it time that the consumer of veterinary services was given pertinent information on the appropriate healthcare of their animals so that he/she can make an informed choice and decision?

And, most importantly:

Isn't it time that the profession acted in the best interest of their individual animal

patients, by applying current knowledge and best practice?

OBVIOUSLY NOT: It appears that, thanks to your 'lobbying', the AVA eliminated the high visibility of the August 2009 policy for the vaccination of dogs and cats from the home page on its website. So, unless a 'for the public' visitor of the website knows of the Policy, chances are that the information is now SAFELY HIDDEN AWAY, as you so publicly demanded.

What a slap in the face for the advancement of veterinary science in Australia!
What dodging of responsibility, accountability and transparency by the profession!
What a disgrace!

As I have declared earlier, I am not anti-vaccination; my lobbying, and that of Elizabeth Hart, is solely directed at animal welfare and the public interest, and a demand for EVIDENCE-BASED VACCINATION PRACTICE.

I reiterate my request for answers to the questions in my 8 July 2010 email.

Thank you

Regards
Beate Mies

Copy for action to:

Barry Smyth, National President, Australian Veterinary Association (AVA)

Mark Lawrie, Immediate Past-President, AVA

Marcia Balzer, National Communications Manager, AVA

Graham Swinney, President, Australian Small Animal Veterinary Association (ASAVA)

Glenn Lynch, Registrar, Veterinary Practitioners Board of NSW

Julie Strous, Executive Officer, Australasian Veterinary Boards Council

[\[i\]](#) Glenn Browning, Professor in Veterinary Microbiology, The University of Melbourne; APVMA Science Fellow in Veterinary Vaccinology "The Future of Veterinary Vaccines", APVMA Symposium, Canberra, 19 April 2010

--- On **Thu, 8/7/10, Bea Mies** wrote:

From: Bea Mies

Subject: Vaccination Intervals: Questions - I have a few, too, please!

To: Aine Seavers

Cc: "Marcia Balzer", "Graham Swinney", "Mark Lawrie", "Glenn Lynch", "Julie

Strous", "Heather Yeatman", "Michael Day", "Ronald Schultz", "Marian Horzinek", "Richard Squires", "Kylie BLAKERS", "Jean Dodds", "Luke Martin", "Mark Kelman", "Elizabeth Hart"

Received: Thursday, 8 July, 2010, 10:08 PM

Dear Dr Seavers,

Reading your latest tale of woe "Canine 3-year Vaccination Intervals" in Control & Therapy Series – 259 (June 2010), I am rather mystified why you would (a) accuse a couple of dog owners – whom you call anti-vaccination when, in fact, they have declared that they advocate the judicious use of canine vaccines – of halting discussions among the profession, and (b) address the protocols some 11 years after the AVA first published draft guidelines (in 1999 - the same draft they put out for member comment early last year...)?

Of great interest to me, and my colleague Elizabeth Hart, is also why you would consider pet owners, your clients, not to be entitled to participate in this important discussion about the healthcare for their animals? Are your clients not the very people who are directly affected by the action, or in this particular instance the lack of action, by the majority of the profession in Australia to acknowledge and implement EBVM?

Compared with your 'epistle' in The Veterinarian magazine (April 2010), you seem to have 'elevated' vaccination from being a "therapy" to being a "concept". Would you agree that the term 'principle' would be more appropriate, considering the host's immune system and the mode of action of, especially, modified-live virus (MLV) vaccines? Is the principle of vaccination not one of ATTEMPTING to confer immunity by injecting an attenuated pathogen into the host, so that the host's immune system is HOPEFULLY primed to withstand any future invasion of this specific pathogen? Note: contrary to other opinion voiced in a recent issue of The Veterinarian, re-priming is (a) neither a word nor a concept, and (b) in immunological terms it's nonsense!

Is the principle mode of action of MLV not one of mimicking 'natural infection', by ensuring that the vaccine has viable antigen which replicates in the host? Is the canine (like the human) immune system not 'designed' to respond to, especially, MLV vaccine antigen by producing specific antibodies (humoral immunity) AND cell-mediated immunity? – Actually, it would be the other way around, wouldn't it: The vaccines were designed to target host body cells so as to stimulate the immune system to produce an appropriate response, i.e. antibodies and memory cells.

Would you please share with me what scientific data you based your – original – annual vaccination "therapy" on?

Would you agree that, as the term suggests, HERD IMMUNITY means that the majority of animals of a given species is immunised and thus not susceptible to a given disease (within the constraints, of course, of the individual animal's physical capability to respond to vaccination, and, there is certainly no guarantee that every animal that is vaccinated will mount an appropriate immune response)? If so, and provided the host is immunocompetent and the vaccine is antigenic, what value does the revaccination – especially at yearly intervals - of a properly immunised = immune animal have for herd immunity?

On the subject of maternally derived antibodies (MDA) in puppies (and kittens?), you state that it has now come to light that MDA persists for longer periods (quoting Michael Day). With respect, the long half-life of MDA, especially to CPV, was the subject of many a study, published in the veterinary press during the 1990s. The papers I perused seemed to confirm that high-titre/low passage vaccines were effective in overriding MDA in a high percentage of, but certainly not all, puppies of 12 weeks of age. From the APVMA's PUBCRIS database we know that most of the Australian registered products do not meet the 'high titre' criteria for CPV antigen as determined by Ron Schultz. The 1994/95 Finland distemper outbreak you mentioned in your contribution to The Veterinarian magazine delivered unequivocal proof that non-immunogenic vaccines can leave major gaps in the immunity of individuals and the population.

What would you say your role may be in perpetuating CPV disease amongst puppies and juvenile dogs, given that you appear to blanket-vaccinate puppies at 12 weeks, then not again until they are 1 year old. How can you be certain that every pup you vaccinate is able to mount an appropriate immune response? I gather that you don't believe in titre testing.

I'm rather mystified by your statement that "The very companies who make the 3 year DOI have had their "Early Finish" product for 15-20 years." According to the product labels on APVMA PUBCRIS (which I have been collecting for some 6 years now) ALL Australian registered vaccines (with the exception of Pfizer CANVAC) were changed to a 2-dose puppy series between 2005 and 2007. How come you've been using 'early finish' vaccines in Australia for 15+ years?

And, with CPV posing the biggest threat to puppies – as today's media frenzy alerts to – what steps have you taken to convince vaccine manufacturers to make the monovalent parvovirus products available to the profession in Australia, as they do in New Zealand, the U.K. and Europe?

I am curious about the data you obviously have regarding the "more potent [3 year] vaccines", and I would be most interested in learning more about these. My own

research of so-called 3-year vaccines seems to suggest that they are simply re-labelled 'versions' of the traditional 12-month products; I have study documents for one of these products, released to me by the APVMA under the Freedom of Information Act. I'd be happy to copy you with these, if you're interested, as I am very much in favour of sharing information for the welfare of dogs.

The "inadvertent" answer you refer to regarding the arbitrary nature of the 3-year interval – and I presume you are quoting from my (unpublished) Letter to the Editor of The Veterinarian magazine in response to your April 2010 contribution to the magazine –, in my opinion, is anything but a vote of confidence in veterinarians around the globe! Why would veterinary immunologists need to 'package' advice and guidance to members of the veterinary profession and, as you said "window dress" the extension of revaccination intervals, if not to make it 'palatable' for the conservative profession?

Please enlighten me as to why you would say that "If the real agenda – 'Young than None' – had been made known from the start we might actually have had more vets, not fewer, embrace the concept. All this has done is make many vets distrustful of what else gets suggested – what are we not being told...?"

As a self-declared 'scientist', you find it difficult to accept that once an animal is immune, booster vaccinations are of no demonstrable value and effect. Yet, you are trying to convince your peers that, had Schultz et al risen up in the 1990s or in 2000 to announce that no boosters are needed after the puppy series, full-stop, you would have abandoned the practice? Please, do explain.

As a 'scientist', you would have taken an interest – at some stage in your learning or career – in finding out how canine vaccines are licensed. The regulators require that the testing is done not only in the youngest of the species for which the vaccine is indicated but also that the test puppies are all free from MDA, i.e. Specific Pathogen Free (SPF) puppies. You would also be aware that, for vaccine licensure in the U.S. for example, a failure rate of 20% is acceptable for the USDA to approve a vaccine as safe and efficacious, and, of course, the number of test animals is twenty. So, simple mathematical equation: 16 of 20 SPF puppies remain healthy after challenge with virulent virus during the 14-day observation period.

In Europe, all test animals (5 for efficacy + 2 for safety, with 2 controls per test) must pass the challenge test.

Now, those numbers aren't all that different to those in the extended DOI studies carried out by the vaccine manufacturers and publicised in 2004/2005, are they?

I couldn't agree more with you that epidemiological data is sorely needed as a first step towards education of the public and herd immunity. Having seen the poster advertising Virbac's Disease WatchDog, I cannot see, however, how such data can possibly be collected. The emphasis, it would appear, is on REGULAR, UP-TO-DATE VACCINATION – another ploy to mislead both indoctrinated AND unsuspecting vet

clients, and as vets supporting this scheme, you are party in this consumer fraud. Just how can Virbac possibly be collecting information on disease prevalence when your clinic, as a participant, simply jabs everything on four legs that comes through the door?

Also, I couldn't agree more with you that the "interplay between the vaccine and other co-products used peri-vaccine" has an effect on canine health – You are the 'scientist': Why do you do what you do? You have admitted (in both The Veterinarian and C&T articles) that these additional products may be part of the problem of adverse reactions and ill-health. Why aren't you proactive by bringing this to the attention of your AVA and the VPB? You defend your vaccination practices, suspect (and confirm) that other products which you prescribe, dispense, administer or sell over the counter possibly impair the health of your patients...and for you, it's business as usual.

I note that you specialise in skin problems – what contribution would the vaccines, and other co-administered products be making to your patients' dis-ease?

Please, Dr Seavers, do indulge me with answers to my questions. And, can I also please ask that you share with me the actual number of CPV cases you have seen over, say the last year, in 'parvo-land'; and please, don't forget to let me know the ages and vaccination status of the affected dogs.

Please know that my intention is not to halt discussion on this vital issue; just to the contrary!

I look forward to your response.

Best regards

Beate Mies, from Ashfield/NSW

with 11-year-old Whippet cross, Jake - last vaccinated on 12 July 2003/last titre tested on 29 December 2009; a healthy 'geriatric', and with loving memories of atopic (skin and ear problem ridden) Border Collie cross, Champus – vaccinated every December from 1994 – 2002; died of Evans Syndrome in March 2003, aged 8 years
