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**An open letter to the  
Australian Veterinary Association (AVA),  
the Australasian Veterinary Boards Council (AVBC),  
the Australian Pesticides and Veterinary Medicines Authority,  
and others with a responsibility for, or interest in,  
ethical and effective companion animal vaccination**

26 March 2011

**For the attention of:**

- Dr Barry Smyth, President of the Australian Veterinary Association (AVA)
- Dr Peter Punch, Chair, Australasian Veterinary Boards Council (AVBC)
- Dr Eva Bennet-Jenkins, Chief Executive Officer, Australian Pesticides and Veterinary Medicines Authority (APVMA)

*This letter and your response will be forwarded to other parties with a responsibility for, or interest in, ethical and effective companion animal vaccination. Please refer to an indicative list of cc's at the conclusion of this letter.*

Note: This document contains internet links to references in [underlined blue text](#). Links may break but source details are also provided in the text and references.

Dr Smyth, Dr Punch and Dr Bennet-Jenkins

**A FORMAL COMPLAINT RE THE CONTINUING CALLS FOR ALREADY IMMUNE ANIMALS TO BE NEEDLESSLY, AND POSSIBLY HARMFULLY, REVACCINATED**

**I am writing to you to complain about the continuing problem of unnecessary, and possibly harmful, vaccination of pets.**

**I request that you take urgent and effective action to address this problem in the best interests of pet owners and their pets.**

This is a complicated and contentious subject which necessitates a detailed and lengthy letter to outline the issues. Important points are summarised in the Executive Summary, with detailed discussion following.

**Executive summary**

**The ongoing demand from veterinarians that already immune dogs be continually revaccinated to protect against serious diseases such as parvovirus is unacceptable.**

There is **no evidence** that dogs that have already responded to modified live virus (MLV) core vaccination benefit from so-called 'annual' OR 'triennial' parvovirus 'boosters' for the rest of their lives.

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**The Australian veterinary profession has failed to communicate a succinct and effective message on vaccination best practice to the pet-owning public.**

Unnecessary vaccination of pets is also an international problem, and remains prevalent in other countries such as the UK and US.

**The lack of evidence supporting prescriptive ‘annual’ and ‘triennial’ manufacturers’ revaccination recommendations on core vaccine product labels is a fundamental element of the problem of unnecessary vaccination of pets, and is the result of a major failing of the government regulator, the Australian Pesticides and Veterinary Medicines Authority (APVMA), to ensure that recommendations for vaccine product use are evidence-based.**

Many pet owners are currently not being properly informed about crucial information concerning vaccination. In particular, they are not being provided with information in the World Small Animal Veterinary Association’s ([WSAVA](#)) [2010 Guidelines for the Vaccination of Dogs and Cats](#)<sup>1</sup> and in other scientific literature on:

- the likely long duration of immunity with core vaccines, which is many years and **probably lifelong**;
- the **lack of evidence** to support manufacturers’ revaccination recommendations on core vaccine product labels;
- advice to “reduce the ‘vaccine load’ on individual animals in order to **minimize the potential for adverse reactions to vaccine products**”;
- advice to “vaccinate each individual **less frequently by only giving non-core vaccines that are necessary for that animal**”;
- the conflict between the early finish of puppy vaccination generally recommended on vaccine product labels (i.e. 10 or 12 weeks), and the later finish recommended in the WSAVA 2010 guidelines (i.e. 14-16 weeks), **which may mean that some pets undergoing an early finish are unprotected due to neutralization of the vaccine virus by maternally derived antibodies (MDA)**;
- **advice on titre testing**, with the opportunity to have a lab-based or in-surgery titre test for the animal to verify a response to core vaccination;
- **advice on isolation of vulnerable puppies**, and on how to transport vulnerable puppies to the veterinary surgery (a possible source of infection) for core vaccinations, (and titre testing, if desired by the pet owner); and
- **the potential risks of simultaneous vaccination and application of other medical products** (e.g. the heartworm injection) for individual animals.

Pet owners are not being given the opportunity to make an informed decision about the efficacy and safety of core and non-core vaccination in the best interests of their individual pet. **In many instances, veterinarians are demanding that pet owners revaccinate already immune animals to access veterinary services, boarding kennels, pet insurance and other pet services. This is unacceptable.**

**I suggest the reluctance and inability of the veterinary profession to provide pet owners with a succinct and effective message on vaccination best practice, for serious diseases such as parvovirus, is resulting in many pets not being appropriately vaccinated, as evidenced by the continual stream of media articles warning of parvovirus outbreaks in countries**

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such as Australia, the UK and the US. (A document containing links to examples of media articles on parvovirus in Australia for the period December 2009 to March 2011 is attached to the covering email, and also accessible via this link: [Media articles re parvovirus](#) Dec 2009 – March 2011.)

**I suggest if more pet owners were properly informed that appropriate core vaccination of puppies would likely protect their pets for life, more pet owners would seek to ensure their pets were appropriately vaccinated.**

An article titled "Are we vaccinating too much?"<sup>2</sup> published in the *Journal of the American Veterinary Medical Association* in 1995 (*i.e. 15 years ago...*) highlighted concerns about vaccine reactions and acknowledged that **there was little scientific documentation to back up label claims for annual vaccination, noting that many vaccines would "last for years"**. In the interim, canine and feline vaccination guidelines recommending a reduction of vaccination have been published, but many pet owners remain unaware of these guidelines and, indeed, **continue to be pressured by veterinarians to have their pets revaccinated unnecessarily.**

**The international veterinary profession, industry and government regulators must be brought to account for allowing this practice of unnecessary, and possibly harmful, vaccination of pets to persist, and for failing to provide pet owners with the opportunity to consider evidence-based information on vaccination best practice in international vaccination guidelines and in the scientific literature.**

### **The media continues to be used to promote unnecessary vaccination**

In his email response to me dated 18 May 2010, Mark Lawrie, the former President of the Australian Veterinary Association (AVA), assured me:

**"It is clear in reference to the media you have supplied that the mission of the AVA spokespeople has been to articulate our policy, including the need to reduce frequency of vaccination."**

I have yet to see a media article quoting AVA spokespeople which includes **"the need to reduce frequency of vaccination"**.

For instance, an article in the *Courier Mail* titled "[Huge surge in cases of deadly parvovirus](#) in dogs follow recent Queensland floods" (20 March 2011) states: "The Australian Veterinary Association has confirmed the increase in parvovirus cases, a highly contagious infection that attacks the gastrointestinal tract and cardiovascular system of dogs."

Dr Jodie Wilson, the President of the Queensland division of the Australian Veterinary Association, is quoted in the article, but the article includes no mention of "the need to reduce frequency of vaccination", despite the fact that, as demonstrated in the media articles referred to below (and in the attached document), repeated unnecessary revaccination of adult dogs remains common practice.

The *Courier Mail* article also states: "Symptoms for parvovirus, which is particularly dangerous for puppies and **older dogs**, include loss of appetite and vomiting." (My emphasis.) (This statement is not attributed to any spokesperson.)

In regards to **'older dogs'** and parvovirus, in his paper "Age and long-term protective immunity in dogs and cats", Ronald Schultz, Professor of Pathobiological Sciences, School of Veterinary Medicine, University of Wisconsin-Madison, and a member of the World Small Animal Veterinary

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Association's (WSAVA) Vaccination Guidelines Group, and the American Animal Hospital Association's Canine Vaccine Task Force, states:

**“Old dogs and cats do not die from vaccine-preventable infectious diseases.** It is rare to see an old dog die from distemper, canine parvovirus or infectious canine hepatitis (CAV-1), **unless it has never been vaccinated.**” (My emphasis.)

and

**“In contrast to old dogs and cats, many younger dogs and cats do die from vaccine-preventable disease because they are not vaccinated or were not vaccinated at an appropriate age (i.e. at or after 16 weeks of age) or with effective vaccines.”** (My emphasis.)<sup>3</sup>

I suggest the *Courier Mail* article, with its reference to the danger of parvovirus for older dogs, is ambiguous and could cause undue alarm for pet owners who have already had their dogs unnecessarily revaccinated every year on veterinarians' advice. **No clarification is provided that dogs that have been appropriately vaccinated as puppies are likely to have lifelong duration of immunity, or that a titre test can confirm a response to core vaccination.**

Other media articles continue to urge pet owners to have their pets revaccinated to protect against parvovirus. For example, on March 2 2011, RSPCA NSW issued a media release titled [“RSPCA WARNS OF DEADLY PARVOVIRUS”](#) which insists 'regular' revaccination to protect against parvovirus is required for dogs **“for the rest of their lives”**. The second page of the RSPCA media release includes a photograph of a nine year old dog called Angus, stating he “still requires **annual** vaccinations to protect him against deadly parvovirus”. (My emphasis.) (A PDF of this RSPCA NSW media release is attached to the covering email to this letter.)

I have spoken to the RSPCA NSW's Chief Veterinarian, Dr Magdoline Awad, about this matter, and I am not reassured by her advice that the RSPCA practices 'triennial' vaccination. It is my understanding there is **no evidence** to support either 'annual' **OR** 'triennial' core revaccination of already immunised animals.

Other recent media articles also demonstrate that annual vaccination continues to be promoted around Australia. For example, an article in the Adelaide newspaper, *The Messenger*, about parvovirus titled [“Northern vets in call for dog vaccination”](#) (25 January 2011) stipulates: “Puppies should be vaccinated at six weeks to 14 weeks **and then again each year**.” (My emphasis.)

An article in the *Armidale Express* titled [“Parvovirus rampant in Armidale”](#) (23 February 2011) contains more misinformation, i.e. “Like all vaccinations, antibody levels wane over time **so boosters as an adult are necessary to retain immunity**. Vaccinations are affordable – costing little over \$1 per week **for an annual booster**.”

Another article in the *Queensland Times*, [“Flooding spreads deadly pet virus”](#) (2 March 2011) states: “Puppies usually have their first needle at six to eight weeks, returning for booster shots a month apart for the next three months, **followed by one booster shot per year**.”

In July last year the nationally televised Channel 10 program the *7PM Project* was used as a means to spread the message of **annual** vaccination to protect against parvovirus when the high profile 'Bondi Vet', Chris Brown, warned that “puppies right around the country are currently at risk after an outbreak of a highly contagious and deadly dog virus”. Dr Brown went on to urge pet owners to “vaccinate your dogs at 6 weeks, then 12 weeks, then 16, **“then every year after that”**.” (My emphasis.) (Footage of this segment is included in the [ABC's Stateline](#) report on pet vaccination.

Unnecessary vaccination of pets is also an **international problem**, and is prevalent in other countries such as the UK and US.

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In an article titled: "Contagion alert at dog virus" (link not available), published online in UK newspaper *Wigan Today* on 12 December last year, surgery boss, Steve Gilmore said:

"Prevention is better than care and the main component of a dog's **annual vaccination** is against this very disease. A dog needs the puppy course **followed by yearly boosters to maintain protection**. Having only had a vaccine as a puppy and never again as an adult means that dog is unprotected. People allow the dogs' vaccines to lapse for many, many reasons and I have heard most of them but the fact is that unvaccinated **or lapsed vaccinated dogs are not covered and have little to no immunity or protection against the disease.**" (My emphasis.)

In another article published in the UK *Lancashire Telegraph* on 16 February this year, titled '[Virus outbreak kills seven dogs in Colne](#)', veterinarian Patrick Moore was quoted urging pet owners to **"ensure their dogs are given their yearly booster jab"**, adding:

**"Immunity from puppy vaccinations doesn't last for life. The only way to ensure your dog is protected against life-threatening diseases such as parvovirus is to make sure they receive annual vaccination to boost their immunity."**

In the same *Lancashire Telegraph* article, Pendle Borough Council's Environmental Crime Team warned that **"contrary to common belief, parvovirus vaccines given to puppies do not last throughout an animal's life"**, and a dog welfare officer, Kat Bullas, said: "It is so important that owners take their dogs to the vet for **booster injections every year.**"

Even in the US, which moved to an ostensible "every three years **or longer**" vaccination recommendation in 2006<sup>4</sup>, calls for **annual** core revaccination still surface in the media. See for example this article titled "[Pets need a variety of vaccinations](#)" in the *Winfield Courier* (27 January 2011) in which a humane society volunteer, Mary Reid dispenses vaccination advice, i.e.: "An essential vaccine for puppies is the DHLPP, which is a combination vaccination for distemper, hepatitis, parainfluenza and parvo virus. The vaccine is first given when the puppy is six to eight weeks old, then 10 to 12 weeks and 14 to 16 weeks. Thereafter, it is an **annual** vaccination."

In another article in the Texan *El Paso Times*, "[Parvo cases suggest lack of vaccinations](#), vet says" (11 February 2011) veterinarian Joseph Kincaid says "...owners had let their dog's vaccinations **fall behind**". If a dog has been successfully vaccinated and immunised it is inappropriate to talk of vaccinations **falling behind**.

On the subject of duration of immunity after vaccination with MLV vaccines, Professor Schultz states:

"In general, adaptive immunity following vaccination with modified live virus (MLV) vaccines develops earliest and most effectively in that it is often complete (e.g. sterile immunity is induced) **and duration of immunity (DOI) is often lifelong.**"<sup>5</sup> (My emphasis.)

It is obvious from the media articles referred to above that **many pet owners are still not being given the opportunity to consider this information on long duration of immunity.**

Using the media to create fears about disease is a recognised ploy to sell pharmaceutical products, and is aptly described as 'disease mongering' when there is no scientific basis for a product's use<sup>6</sup> (e.g. repeated MLV core revaccination of already immunised animals).

It is only because responsible and informed media such as [CHOICE magazine](#), [ABC Stateline](#) and [ABC South East NSW](#) have taken up this issue that pet owners are starting to hear the facts about unnecessary vaccination of pets.

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**A succinct and effective message on vaccination best practice must be given to pet owners**

The WSAVA 2010 guidelines note that “even in developed countries it is estimated that only 30-50% of the pet animal population is vaccinated”. The guidelines stress the importance of herd immunity, saying:

“herd immunity with the core vaccines that provide a long (many years) DOI is highly dependent on the percentage of animals in the population vaccinated **and not the number of vaccinations that occur annually**. Therefore every effort should be made to vaccinate a higher percentage of cats and dogs with the core vaccines.” (My emphasis.)

**The emphasis should be on safely and effectively vaccinating more puppies, not needlessly revaccinating already immunised animals over and over again.**

**The major issue here is a lack of disclosure and lack of 'informed consent' as many pet owners are still not being made aware of crucial information in the [WSAVA 2010 guidelines](#), and other scientific literature.**

The veterinary profession and industry should be deeply ashamed that it has been up to informed pet owners, such as me and Bea Mies, to actively and publicly campaign for change on this issue. **Surely it is the veterinary profession's responsibility to lead on matters of evidence-based veterinary medicine and animal welfare.**

According to an article by Mark Kelman, (a representative of Virbac Animal Health and a member of the Australian Small Animal Veterinary Association's (ASAVA) Executive Committee), (published in *The Veterinarian* in August last year<sup>7</sup>), **an alarming amount of alleged parvovirus cases being reported to the Virbac Disease Watchdog, (an industry-funded companion animal disease surveillance database endorsed by the AVA<sup>8</sup>), have been 'vaccinated' animals.**

According to the raw data discussed in the article, **“animals that have received at least one vaccination represent 28 per cent of puppies infected, and 11 per cent of adults infected.”** According to these alarming percentages, this would indicate approximately 197 vaccinated puppies and 11 vaccinated adult dogs were reported to be infected with parvovirus in the period between January 2010 and the time of writing the article, which was published in August 2010. According to Dr Kelman's article, this information has been collected from only an estimated **20 per cent of veterinary clinics** across Australia. So, considering that, according to Dr Kelman's calculation, **80 per cent of veterinary clinics have not reported to the Virbac Disease WatchDog**, numbers of **vaccinated** puppies and adult dogs being diagnosed with parvovirus, (or **other adverse experience in relation to vaccination**), could be considerably higher across Australia, **possibly many hundreds of vaccinated puppies/dogs.**

I have raised concerns about this matter, **which indicates a lack of efficacy of vaccines**, with both Mark Kelman and Allen Bryce, Veterinary Medicines Program Manager of the APVMA, in late January 2011, but their response was most unsatisfactory. **I have tried to ascertain whether these cases have been reported to the APVMA's Adverse Experience Reporting Program but both Dr Kelman and the APVMA refuse to provide a transparent answer to this question at this stage.**

If these cases of parvovirus in vaccinated animals are confirmed, **this indicates a failure of the vaccine**. The WSAVA 2010 guidelines note that vaccines may fail for various reasons, e.g. the vaccine may be poorly immunogenic, which may reflect a range of factors from the stage of vaccine manufacture to administration to the animal. Another reason for failure may be that the

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animal is a poor responder, i.e. its immune system intrinsically fails to recognize the vaccinal antigens.

However, the WSAVA 2010 guidelines suggest **the most common reason for vaccination failure is maternally derived antibodies (MDA) neutralizing the vaccine virus**, and note that “when the last vaccine dose is given at 14-16 weeks of age, MDA should have decreased to a low level, and active immunization will succeed in most puppies (>98%)”. However, many core vaccine product labels generally recommend an early finish at 10 or 12 weeks, advice which conflicts with the more recent advice of the WSAVA 2010 guidelines. **It is possible that puppies being vaccinated in accordance with the earlier finish of the manufacturers’ vaccine product label recommendations may be unprotected and many pet owners are unaware of this.**

This possibility of MDA interference has been known for years. For example, this matter was raised in letters to *The Veterinary Record* in 2006, with one correspondent, Hal Thompson, noting:

**“Maternal antibody to parvovirus is known to last beyond 12 weeks of age in puppies and kittens.** Low titres of maternal antibody ( $\leq 32$ ) can be breached by modified live virus vaccines, but such levels can also prevent the development of active immunity. I have yet to see any field studies by the members of NOAH that justify the claims in the data sheets that their CPV vaccines induce active immunity in an acceptable proportion of 10-week old vaccinated puppies. The Veterinary Products Committee also stays silent on what standards it expects. **The profession is therefore blackmailed into blindly following a poor vaccination regimen for fear of disregarding data sheet instructions.**”<sup>9</sup> (My emphasis.)

In their paper “[Vaccination guidelines: a bridge between official requirements and the daily use of vaccines](#)”, Etienne Thiry and Marian Horzinek state that: **“It is of primary importance that the vaccination schedules followed by the veterinary practitioners are the most efficacious ones even if this means that they do not strictly follow the recommendations of the package inserts.”**<sup>10</sup>

The [Courier Mail](#) article, referred to previously, includes reference to an apparent victim of parvovirus, a ‘vaccinated’ five month old Rottweiler puppy, **but the opportunity is not taken to discuss possible non-responders to vaccination, or to warn pet owners about the confusion regarding the timing of appropriate puppy vaccination, and the possibility of interference by MDA.**

Given the warnings in the WSAVA 2010 guidelines that some puppies may not respond to vaccination until 14-16 weeks, **why aren’t the AVA and APVMA being more proactive in warning pet owners (and vets) about the conflict between the early finish of 10 or 12 weeks generally recommended on MLV core vaccine product labels, and the WSAVA 2010 guidelines recommendation for a later finish, as there is a risk that some puppies that have had the early finish might be unprotected?**

The AVA should also provide the public with more useful practical information on isolation of vulnerable puppies, and on how to safely transport vulnerable puppies to the veterinary surgery for their vaccinations, **particularly as veterinary surgeries are a potential source of infection.**

### **Pet owners must be given the opportunity of titre testing for their pets**

The AVA must advise the public about lab-based and in-surgery **titre testing** which the WSAVA 2010 guidelines advise **“is presently the only practical way to ensure that a puppy’s immune system has recognised the vaccinal antigen”**.

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On the subject of titre testing, WSAVA VGG member Ronald Schultz, notes:

“Antibody titre as it relates to protective immunity for CDV, CPV-2 and CAV-1 is of importance in passively immunized (unvaccinated dogs with MDA) dogs...In contrast to passively immune pups, in actively immunized pups (either following natural or vaccine-induced immunization) **the actual titre of antibody is not of importance, as long as the titre is detectable...** **Actively immune dogs will develop an innate and a rapid anamnestic humoral and cell-mediated response, thus will be protected from infection and/or disease. The presence of antibodies, regardless of titre, in these dogs demonstrates protective immunity.**”<sup>11</sup> (My emphasis.)

Contrary to misleading advice by some veterinarians, titre tests are not expensive, particularly as it is likely often only one titre test will be required to verify a response to core vaccination. I have been quoted around \$90-100 for a lab-based IFA (immunofluorescent antibody) test (via a Sydney vet), and around \$67 for an in-surgery test (i.e. Biogal VacciCheck via an Adelaide vet). I suggest the price should decrease when these tests become more widely known and utilised. (I am also aware of the wholesale cost of these tests.) John Jardine at Vetpath has advised me that the IFA test is a method “that we perform in-house and on-demand if required. The particular method was validated against the VN/HAI gold standards. The test works very well and is reliable”.<sup>12</sup> Dr Jardine advised me Vetpath has been “offering vaccination titres ***since at least 2003***”.<sup>13</sup> **Who knew? Very few pet owners I know have been offered the opportunity of a titre test for their pets.**

I have been advised by Len Small of Biogal that the [Biogal VacciCheck](#) in-surgery test has been available in Australia ***for three years***.<sup>14</sup> **Again, who knew?** As noted previously, Professor Schultz has stated that the presence of antibodies, regardless of titre, demonstrates protective immunity. **As animals that have responded to MLV core vaccination are likely to have lifelong immunity, I can see no basis to support repeated titre testing of an animal after a successful response has been verified, so this should not be a repeated expense for pet owners.**

The Biogal VacciCheck test was recently discussed at the North American Veterinary Conference. According to a [media report](#)<sup>15</sup>, Professor Schultz described the VacciCheck “as being a cost effective, user friendly and expedient titer test for Hepatitis (Canine Adenovirus), Parvovirus and Distemper to determine whether there is a need to revaccinate dogs and therefore **avoid potential adverse events**”. (My emphasis.) He also discussed the potential use of the VacciCheck as part of the puppy confirmation protocol. The in-surgery titre test appears to be very promising, the question is whether veterinarians can be relied upon to carry the tests out correctly. (Also see discussion on education of vets, pp. 12-13.)

**Given the confusion surrounding an appropriate puppy vaccination protocol, it is to be hoped that the WSAVA Vaccination Guidelines Group will provide clear and objective advice on the appropriate puppy vaccination and titre test confirmation protocol in the very near future.**

## **Adverse events after vaccination**

On the topic of ‘**potential adverse events**’, as raised by Professor Schultz above, I have discovered that the veterinary profession is generally very reluctant to acknowledge the possibility of adverse events after vaccination, and the WSAVA 2010 guidelines admit that “**there is gross under-reporting of vaccine-associated adverse events which impedes knowledge of the ongoing safety of these products**”.

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It is interesting to consider some frank comments about the potentially harmful consequences of over-vaccination from participants in a [roundtable discussion on titre testing](#), a summary of which was published in 2002.<sup>16</sup>

During this roundtable discussion, Richard Ford, Emeritus Professor of Medicine at the College of Veterinary Medicine, North Carolina State University, and a member of the Canine Vaccine Task Force of the American Animal Hospital Association, in reference to changing vaccination recommendations, said:

**“I believe that repeated injections of immunogenic proteins can potentially be harmful.** I work on the internal medicine service in a busy referral teaching hospital. **My colleagues and I are all concerned about the inordinate number of cases we see of autoimmune disease like immune-mediated hemolytic anemia, thrombocytopenia, and polyarthritis - more than ever before.”** (My emphasis.)

Last year *CHOICE*, ‘the people’s watchdog’, published [an exposé on over-vaccination of pets](#) in Australia<sup>17</sup>, and related the experience of pet owner Sally Turner who has had her dogs vaccinated annually for many years on a veterinarian’s advice. Despite enquiring about ‘triennial’ vaccination during her dogs’ annual check up last year, **Sally’s dogs were again vaccinated with a C5 ‘booster’ and a heartworm injection. Sally’s four year old dog, Patsy, became very ill and died seven days after the vaccination, apparently as a result of what was diagnosed as thrombocytopenia, suspected to be caused or triggered by the vaccination.**

As noted above, back in 2002, Professor Richard Ford raised his concerns during the roundtable on titre testing that **“repeated injections of immunogenic proteins can potentially be harmful”** in relation to autoimmune diseases such as thrombocytopenia. Yet eight years later, in April 2010, Sally Turner’s dogs were subjected to vaccinations which had not been proven to be beneficial for her individual pets, (which had already been revaccinated numerous times with core and non-core vaccines), **and her dog, Patsy was subsequently diagnosed with thrombocytopenia and died.**

**It is outrageous that, despite the concerns of senior academic members of the veterinary profession regarding the safety of repeated revaccination, pet owners are still not being warned of the potential risks of vaccination, and that they continue to be bullied into having unnecessary vaccinations for their pets.**

Sally’s case with Patsy is also complicated in that a heartworm injection was administered at the same time as the C5 ‘booster’. It is highly possible that application of these products was implicated in Patsy’s illness and subsequent death, the temporal link is certainly compelling. However, with so many products being applied simultaneously, i.e. five vaccine fractions consisting of MLV and killed vaccines, and a heartworm moxidectin injection, it would be very difficult to prove which product could have been implicated, or if it was the combination of this load of products that overwhelmed the dog’s immune system.

It is pertinent to note that a six-monthly heartworm moxidectin injection on the market in the US, ProHeart 6, requires that pet owners sign a [consent form](#)<sup>18</sup> prior to first administration. This product has a controversial history and was [withdrawn from the market in 2004](#)<sup>19</sup> after the deaths of over 600 dogs. ProHeart 6 was reformulated and [returned to the market in 2008](#)<sup>20</sup> on a limited basis.

The [client information sheet](#)<sup>21</sup> regarding ProHeart 6 notes:

**“Allergic reactions, sometimes serious, have been reported when ProHeart 6 and vaccinations have been given at the same time. Talk to your veterinarian about the risks of administering ProHeart 6 at the same time as vaccinations.”**

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This seems to be a prudent precautionary measure to consider the medical product load on the individual animal. **However, it appears pet owners in Australia are not given a similar opportunity to consider the medical product load on their individual animal as the label of the annual heartworm moxidectin [ProHeart SR-12 Injection](#)<sup>22</sup> states:**

**“ProHeart SR12 Injection may be administered simultaneously with vaccines or other medications, but injections must be made at a separate site and other medications must not be mixed in the syringe with ProHeart SR-12 Injection.”**

I suspect in Australia vaccinations and the heartworm injection are given together as a matter of course, usually without consent forms for either intervention. **This is a matter for concern because, as far as I am aware, long-term trials on the possible deleterious cumulative effects of these products during the lifetime of an animal have not been conducted.**

In June 2010 Sally Turner submitted her own adverse experience report on this sad case to the Australian Pesticides and Veterinary Medicines Authority. (This is probably a relatively unusual occurrence as I suggest most pet owners would be unaware of the APVMA or the Adverse Experience Reporting Program (AERP) and, in any event, would expect it to be the professional responsibility of the veterinarian to make a report to the AERP about possible adverse reactions to veterinary products.)

Sally attempted to send her adverse experience report to two different email addresses on 29 June 2010, but subsequently discovered that these submissions had not been received. On 7 July 2010, Sally tried to submit her report again to three email addresses. None of the submissions were received, and there were no ‘failed delivery’ notices. She finally gave up and submitted her report via fax.

On 8 July 2010 Sally also asked the APVMA AERP officer, Taseer Bashir, if an adverse experience report had been received from the veterinarian. He advised he could find no report from the veterinarian.

The WSAVA Vaccination Guidelines Group acknowledges that:

**“there is gross under-reporting of vaccine-associated adverse events which impedes knowledge of the ongoing safety of these products.** The VGG would actively encourage all veterinarians to participate in such surveillance schemes.” (My emphasis.)

The WSAVA 2010 guidelines note that:

“Adverse events are defined as any side effects or unintended consequences (including lack of protection) associated with the administration of a vaccine product. **They include any injury, toxicity, or hypersensitivity reaction associated with vaccination, whether or not the event can be directly attributed to the vaccine. Adverse events should be reported, whether their association with the vaccination is recognized or only suspected.** A vaccine adverse event report should identify the product(s) and animal(s) involved in the event(s) and the individual submitting the report.” (My emphasis.)

In the section “Questions related to adverse reactions to vaccines”, the WSAVA 2010 guidelines note that type I hypersensitivity reactions to vaccination “generally occur within minutes of exposure. **Other types of hypersensitivity (II, III, IV) can occur much later (e.g. hours to months)**”. These types of hypersensitivity are a reference to the Gell and Coombs classification, i.e. a classification of immune mechanisms of tissue injury, comprising four types:

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- **Type I:** Immediate hypersensitivity reactions, mediated by interaction of IgE antibody and antigen and release of histamine and other mediators;
  - **Type II:** Antibody-mediated hypersensitivity reactions, due to antibody-antigen interactions on cell surfaces;
  - **Type III:** Immune complex, local or general inflammatory responses due to formation of circulating immune complexes and their deposition in tissues; and
  - **Type IV:** Cell-mediated hypersensitivity reactions, initiated by sensitized T lymphocytes either by release of lymphokines or by T-cell-mediated cytotoxicity.<sup>23</sup>

I have little confidence that veterinarians have been trained to recognise these hypersensitivity reactions to vaccination, **in particular reactions that occur later, e.g. months, after vaccination.** (Also see discussion on education of vets, pp. 12-13.)

It took eight months for the APVMA to process Sally Turner's adverse experience report about the death of her dog Patsy and, when she finally received a response, it was boldly stamped '**COMMERCIAL-IN-CONFIDENCE**', the inference being that she was forbidden to discuss the contents publicly. Sally has sought clarification on this matter from the APVMA, and is currently awaiting a response.

On 27 May 2010, Sally forwarded a letter of complaint about the unnecessary vaccination of her dogs to the then President of the AVA, Mark Lawrie. Dr Lawrie personally acknowledged her letter that same day via email, and said "**We will continue to try to educate the profession about emerging science and vaccination protocols.**"

Sally also subsequently discussed the prospect of sharing her experience to highlight the issue of informed consent, and the need for proper information to be given to pet owners prior to any intervention being carried out on pets, with Marcia Balzer, the National Communications Manager of the AVA.<sup>24</sup> who replied "I'll also look at how we can tell your story to vets in one of our publications..."<sup>25</sup> but it appears nothing further came of this.

Returning to the roundtable discussion on titre testing mentioned above, another participant, Jory Olsen, said:

**"I think we underestimate how many problems overvaccination may be causing...At our practice, we think overvaccination probably causes immunologic problems or at least contributes to immunologic problems. I think there are a vast number of other diseases - immunologic or degenerative diseases such as atopy, chronic allergies, asthma, and other air-way diseases - that are exaggerated by, caused by, or stimulated by overvaccination. But it is impossible to prove."** (My emphasis.)

Dr Olsen's comment that it is **impossible to prove** that a vast number of diseases are exaggerated by, caused by, or stimulated by overvaccination is very pertinent. As I know from personal experience, it is indeed very difficult to **prove** that an adverse event after vaccination was caused or otherwise by vaccination, **particularly when a large proportion of the veterinary profession are not trained to recognise possible delayed adverse reactions to vaccination, and do not want to admit to a possible connection.**

However, **what can be proven** is that most pet owners are currently not being properly informed about crucial information concerning vaccination. In particular, they are not being provided with information in the WSAVA 2010 guidelines and in the scientific literature on:

- the likely long duration of immunity with core vaccines, which is many years and **probably lifelong**;

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- the **lack of evidence** to support manufacturers' revaccination recommendations on core vaccine product labels;
  - advice to "reduce the 'vaccine load' on individual animals in order to **minimize the potential for adverse reactions to vaccine products**";
  - advice to "vaccinate each individual **less frequently** by only giving non-core vaccines that are necessary for that animal";
  - the conflict between the early finish of puppy vaccination generally recommended on vaccine product labels (i.e. 10 or 12 weeks), and the later finish recommended in the WSAVA 2010 guidelines (i.e. 14-16 weeks), **which may mean that some pets undergoing an early finish are unprotected due to neutralization of the vaccine virus by maternally derived antibodies (MDA)**;
  - **advice on titre testing**, with the opportunity to have a lab-based or in-surgery titre test for the animal to verify a response to core vaccination;
  - **advice on isolation of vulnerable puppies**, and on how to transport vulnerable puppies to the veterinary surgery (a possible source of infection) for core vaccinations, (and titre testing, if desired by the pet owner); and
  - **the potential risks of simultaneous vaccination and application of other medical products** (e.g. the heartworm injection) for individual animals.

Pet owners are not being given the opportunity to make an informed decision about the efficacy and safety of core and non-core vaccination in the best interests of their individual pet. **In many instances, veterinarians are demanding that pet owners revaccinate already immune animals. This is not acceptable.**

During the roundtable discussion on titre testing, Professor Schultz noted:

"I tell practitioners that vaccines are drugs, albeit biological drugs. I remind them that they would not consider it good medicine to give an unnecessary pharmaceutical drug on a recurring basis. **I think it is even worse to give a vaccine, or biological drug, that isn't necessary.** The possible adverse consequences of a vaccine generally far outweigh the adverse consequences of a pharmaceutical drug. A pharmaceutical drug is usually much more restricted in its action. **However, each time we stimulate an immune response, we have to look at the effect on all body systems - not only on anti-body responses or cell-mediated immunity, but also on interactions with the endocrine system and the nervous system.**" (My emphasis.)

**For further discussion on vaccination and adverse events** please refer to [pp. 7-14](#) of my open letter to the Australian Pesticides and Veterinary Medicines Authority and representatives of the Australian and international veterinary profession / industry, dated 17 June 2010.

**To date, my arguments about the lack of acknowledgement of possible adverse events, including delayed adverse reactions and long term health problems, after vaccination have been ignored.**

### **Lack of veterinary education on immunology and vaccinology**

One wonders if veterinarians are actually even qualified to provide 'advice' on vaccination to pet owners. In January 2009 I contacted the heads of veterinary schools in Australia to enquire what

was being taught on vaccination practice and ethics etc. The response was woeful, with most not deigning to respond to my enquiry at all.

The WSAVA Vaccination Guidelines Group has warned that “there is an [urgent requirement](#) for education” of practicing veterinarians in this area”.

During a pet vaccination seminar held in the US in 2009, Professor Schultz, said:

“Our new grads don’t know a heck of a lot more about vaccines than our older grads. And I’ve figured out why this is. They know a lot more about basic immunology, but they don’t know about vaccinology and the two are not the same....Also, they’re taught by people generally that know nothing about vaccinology. Now, when do they get their vaccine training? During their fourth year. And who’s giving that? The veterinarians that know how to give vaccines, that still don’t know about vaccinology. So we haven’t gone very far from where we were ten years ago or twenty years ago with regard to training veterinarians about vaccines.”<sup>26</sup>

During the roundtable discussion mentioned above, Professor Schultz acknowledged:

“Unfortunately not enough folks teaching immunology explain the process so students understand the complexities of vaccine-induced immunity, and there are significant differences between the mechanism of protective immunity to the same pathogen in a naïve vs. a vaccinated animal. I, in academia, accept some of the blame for the confusion, **but I also place some of the blame on my colleagues in industry, especially those who market vaccines. They have done a much better job of educating practitioners to their way of selling vaccines than immunologists have done in teaching the facts about vaccine-induced immunity.**” (My emphasis.)

In an article discussing evidence-based medicine, published in *The Veterinarian* in July 2010<sup>27</sup>, Virbac and ASAVA representative Mark Kelman said:

“Veterinary practitioners unfortunately do not have the time to train to be experts in all facets of veterinary science (we are responsible for such a large field) – **and immunology and epidemiology are two sciences where expert-level understanding is generally not essential for everyday practice.**”

**I beg to differ with Dr Kelman.** Vaccination is a common veterinary practice, and over the course of their professional career, most veterinarians will vaccinate many thousands of animals. Pet owners who are paying for a professional service, i.e. vaccination, expect expert advice from a veterinarian. **It is to be expected that veterinarians will have up-to-date knowledge of immunology and vaccinology that stretches beyond reading a few paragraphs on a vaccine product label, otherwise what differentiates a veterinarian from a charlatan, i.e. from “a person who pretends or claims to have more knowledge or skill than he or she possesses”?**<sup>28</sup>

On this topic, I discuss professional and ethical responsibility, and evidence-based medicine, in my [open letter to Mark Lawrie, former President of the AVA](#) (6 May 2010, updated 23 May 2010).

**‘The authorities’ must be brought to account for their failure to protect the best interests of pet owners and their pets**

It’s about time the AVA, the AVBC, the APVMA, veterinary boards, veterinary schools, vaccine manufacturers and others such as the RSPCA, were brought to account for the years of delay in addressing this matter, during which time countless animals have been unnecessarily

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revaccinated by veterinarians. **So far these organisations have escaped censure for their failure to act in the best interests of pet owners and their pets.**

**There is currently nowhere for pet owners to turn to seek protection or redress from over-servicing in the form of unnecessary, and potentially harmful, revaccination of their pets. There is no effective watchdog overseeing the 'self-regulated' veterinary profession.**

In July 2010, in response to my correspondence to the then Minister responsible for the APVMA (Tony Burke), Allen Grant, Executive Manager of the Agricultural Productivity Division, Department of Agriculture, Fisheries and Forestry advised me:

“...the matter in relation to the potential over-vaccination of companion animals falls within the professional responsibility and judgement of veterinarians. In this regard, I understand you are addressing your concerns to the veterinary profession through the Australian Veterinary Association and the state registration boards. **My understanding is that it is appropriate for these organisations to make the broader veterinary community aware of the contents of the revised statement approved by the APVMA and to address any issues that might be arising through new science and better understanding of the risks of vaccination in companion animals.**” (My emphasis.)

Mr Grant fails to appreciate that the Australian Veterinary Association has **ignored** “new science and better understanding of the risks of vaccination in companion animals” for many years. An article titled “The needle and the damage done?” published in *The Veterinarian* in September 2000<sup>29</sup>, notes that “practitioners worldwide” were worrying about “the unwanted side effects of vaccination” **but little or nothing was done to warn the public in Australia about this issue.**

After years of inexplicable delay, the AVA finally issued a [policy on vaccination of pets](#)<sup>30</sup> in June 2009 after concerted lobbying by me and Bea Mies. The new policy was **not** an initiative of the AVA, which has dragged its heels on addressing unnecessary vaccination for years. In an article published in *The Veterinarian* in September 2009, Richard Squires, a member of the WSAVA Vaccination Guidelines Group, acknowledged that “the Australian veterinary profession had lagged behind the rest of the world in accepting that there is no scientific justification for annual revaccination of pets”. In the same article Philip Brain, an ASAVA / AVA spokesperson, noted that ASAVA was aware the policy might attract some “negative feedback” (presumably from vets), but he suggested this was a lesser evil than “**the media coming after us**” for ignoring the literature.

The [AVA's current vaccination policy](#) ostensibly promotes triennial vaccination, as indicated by its advice on vaccination to [pet care businesses](#)<sup>31</sup> (link accessed 26 March 2011) which states:

**“An animal business or facility has a legal responsibility for the animals in its care. The facility will specify the vaccination policy which they believe is best for the animals in their care. These facilities must consider the grouping of old, young, sick and those animals for which vaccination hasn't worked well. There should be a written policy.”**

**“It is strongly recommended that vaccination certificates be photocopied to be sure of the actual brand of vaccine given (triennial/annual booster). The client's word that this brand is a 'three yearly booster' should not be taken for granted.”**

This ‘strong recommendation’ infers that animal businesses have a ‘legal responsibility’ to insist on a ‘three yearly booster’. **On what authority does the AVA make these ‘strong recommendations’?** Where is the evidence that a ‘three yearly booster’ provides benefit for an already immune animal?

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**Who has the legal and moral responsibility if an already immunised animal suffers and/or dies after an unnecessary ‘three yearly booster’?**

**Why is there no reference to titre testing in the AVA’s vaccination policy or advice on vaccination to pet care businesses, even though lab-based titre testing has been available since at least 2003 (Vetpath), and an in-surgery titre test (Biogal VacciCheck) has been available in Australia for the past three years?**

**The AVA has refused to respond to my requests for evidence to support triennial vaccination.** The AVA’s policy of ‘triennial’ vaccination is ambiguous, an example of this ambiguity being detailed in an article by veterinarian Aine Seavers - “Three-year vaccination intervals: a different view from the parvo trenches of practice-land”, published in *The Veterinarian* in April 2010, in which it is reported that the AVA also supports veterinarians who want to “continue annual vaccination”. In May 2010 I sought clarification of the ambiguous stance of the AVA on vaccination outlined in this article in an email to the former President of the AVA, Mark Lawrie, but I did not receive a response.

**I have discovered that ignoring difficult questions is a general tactic of the veterinary profession, industry and the government regulator, the APVMA.**

I have persisted in my quest for evidence to support vaccination practice, and I have been accused by Allen Bryce of the APVMA of being “confrontational” and “aggressive”, implying that others are justified in refusing to respond to my legitimate questions, and even threatening that the APVMA will refuse to respond to my queries.<sup>32</sup> **I find it grossly offensive to be described in this manner when I have taken great pains to prepare my fully-referenced papers and correspondence requesting answers on this subject, as evidenced by this open letter, and the attached document which contains links to my other material.**

Recently, I received a belated response from David Bradbury, the Parliamentary Secretary to the Treasurer with responsibility for Competition and Consumer Policy, informing me that the concerns I had first raised in July 2009 with the former Minister, Craig Emerson, about the lack of consumer protection for consumers of veterinary services in Australia “fall outside the scope of my portfolio responsibilities”.<sup>33</sup> He advised me that “the Australian Pesticides and Veterinary Medicines Authority has responsibility for this policy area”.

I have been in contact with the APVMA for the past two and a half years. My colleague Bea Mies has been contacting the APVMA **since 2005 I believe**. After our persistent lobbying the [APVMA’s Position Statement on Vaccination Protocols for Dogs and Cats](#)<sup>34</sup> was finally published in January 2010, but little or nothing has been done to publicise the APVMA’s Position Statement since that time. Again, the APVMA’s Position Statement was **not** an initiative of the APVMA which, like the AVA, failed to act on the problem of unnecessary vaccination of pets for many years. It was left to pet owners such as me and Bea Mies to push for change on this matter, very few vets in Australia have been willing to speak out publicly about this problem.

**The AVA and APVMA are reluctant to acknowledge the research that Bea Mies and I have undertaken to alert the public to the problem of unnecessary vaccination of pets.** While last year Allen Bryce of the APVMA had agreed to include a link to one of my detailed and fully-referenced [open letters \(9 August 2010\)](#) in the APVMA’s Position Statement, (similar to the UK Veterinary Medicines Directorate’s (VMD) inclusion of [Catherine O’Driscoll’s correspondence](#) with Steve Dean, Executive Officer of the VMD on the ‘Vaccines’ area of the VMD’s website), my letter was subsequently removed from the APVMA’s Position Statement after complaints my open letter was ‘offensive’ to some individuals. Allen Bryce refuses to provide examples of the ‘offensiveness’ of my material. All of my detailed research and correspondence with the APVMA and others is **unjustly dismissed**.

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**This move by the APVMA has cast aspersions upon my work, and removed a detailed source of critical analysis and references from the APVMA's Position Statement, which is crucial to what has been until recently a very one-sided 'debate'. Perhaps the documentation that both I and Bea Mies have collated is an embarrassment to 'the authorities', as it provides evidence of the APVMA's and AVA's, and others, delay to act in the best interests of pet owners and their pets.**

In contrast, in his response to Catherine O'Driscoll dated 30 July 2010, Steve Dean, Director and Chief Executive of the VMD, said:

**"In the interests of transparency, I would like to maintain the principle that this debate is exchanged in public view and so may I ask if you have any objections to your documents being placed on the VMD website along with the VMD's response?"**

Transparency does not appear to be a priority for the APVMA, and nameless 'individuals' are free to demand that my fully-referenced correspondence, carefully critiquing publicly available (but not easily accessible to the public), material on pet vaccination, be removed from the APVMA's Position Statement.

I suggest the APVMA's Position Statement would not even exist if it had not been for the persistent efforts of me and Bea Mies, **and we both have a long record of correspondence with the APVMA, AVA and others that demonstrates how difficult it has been to have this matter addressed in an open and transparent manner.**

**This entire matter has been characterized by a lack of transparency and accountability.** For example in October 2010, I requested that Allen Bryce advise me details of the AVA, industry and government participants in the APVMA's industry/government working group on vet immunobiologicals but he was unable to provide me with this information.<sup>35</sup> Given the delay in addressing companion animal vaccination practice in Australia to date, I suggest it is vitally important that the expertise and qualifications of the working group are open to scrutiny so there can be confidence in the process, particularly as Allen Bryce acknowledges there is no independent representation of pet owners' interests in this group.<sup>36</sup>

Dr Smyth, in November 2010, I also asked you, as the President of the AVA, to advise me which members of the AVA were providing 'technical expertise' to the APVMA's working group, and their expertise/qualifications in the areas of veterinary immunology and vaccinology, and you replied:

**"to be perfectly honest, I have no idea who is representing AVA in these discussions. Therefore I cannot name them. If there are veterinarians involved, there is a 50% chance they will be AVA members."<sup>37</sup>**

I find it astonishing that the President of the AVA has no idea who will participate in the APVMA's industry/government working group on vet immunobiologicals, particularly given the negative publicity about over-vaccination of pets generated by the [CHOICE article on pet vaccination](#), and reports on [ABC Stateline](#) and [ABC South East NSW](#) and other national media.

**While the APVMA has cosy meetings with industry and the veterinary profession in its working group on vet immunobiologicals, the perspective of the informed pet owner is stifled.** Not only was the link to my open letter removed from the APVMA's Position Statement, but links to the [CHOICE article on Pet Vaccination](#) published online in August last year, and to the [VMD's correspondence with Catherine O'Driscoll](#), have also been removed from the APVMA's Position Statement. Instead, there is a cryptic reference to the "Australian Consumer's Association", and a suggestion that readers perform a web search on terms such as "over-

vaccination". In contrast, the belated and ambiguous AVA's vaccination policy, and the industry-sponsored and ambiguous WSAVA 2010 guidelines, are **uncritically accepted** by the APVMA's Position Statement.

The APVMA's Position Statement is also an ambiguous document which does not contain a clear message on vaccination best practice. However, after my urgent criticism of the original APVMA Position Statement in January 2010, it does make some important statements, e.g. that:

**"...the aim should be to ensure that all susceptible animals are vaccinated, rather than that already well-immunised animals are re-vaccinated."**

The APVMA's Position Statement also notes that it:

**"...does not support the retention of label statements that direct or imply a universal need for life-long annual revaccination with core vaccines."**

MLV core vaccine products with a non-evidence based 'annual' revaccination recommendation remain on the market in Australia, the UK and US. While MLV core vaccine products with an 'annual' recommendation are likely to provide long duration of immunity, probably lifelong, **the continuing availability of these products on the market with this 'annual' recommendation is resulting in many animals continuing to be unnecessarily revaccinated annually.**

[Virbac Animal Health](#)<sup>38</sup> (e.g. [Canigen DHA2P](#) "An annual booster is recommended."<sup>39</sup>) continues to promote **annual** revaccination to protect against diseases such as parvovirus on its website (accessed 26 March 2011); and the recent changes to Pfizer's [Canvac 3](#)<sup>40</sup> product label provide little hope that over-use of this product will decline. An advertisement for Pfizer Canvac vaccine products in the March 2011 edition of *The Veterinarian* states:

"Canvac 3 and Canvac 4 are now registered for use in both a 2- or 3-dose initial puppy protocol and booster doses, **either annually** or less frequently (**to be determined by the attending veterinarian**)."<sup>40</sup> (My emphasis.)

As well as leaving the option of **annual** vaccination open for the veterinarian (as highlighted in the Canvac advertisement), the Canvac 3 vaccine product label remains ambiguous on the appropriate puppy vaccination protocol. It also recommends a 'booster' 12 months after the initial puppy vaccination, and makes no reference to the option of titre testing to confirm a response to vaccination. There is a reference to the AVA's policy on vaccination, but not to the WSAVA 2010 guidelines, which is probably not surprising as the WSAVA 2010 guidelines are sponsored by Intervet Schering-Plough. In the final analysis, the onus is on the veterinarian to recommend an appropriate vaccination protocol for the individual animal, **which is not very reassuring given veterinarians' generally poor education on immunology and vaccinology, as discussed previously (pp. 12-13), and the general tendency to over-vaccinate.**

Similarly, an advertisement for Boehringer Ingelheim's [Duramune Adult Triennial Core Vaccine](#) in the February 2011 edition of *The Veterinarian* latches onto the AVA vaccination policy's reference to **triennial** vaccination, i.e.:

"...individual animal only as frequently as necessary. Current scientific consensus recommends that adult dogs and cats **should be vaccinated with core vaccines<sup>1</sup> triennially...**"

Vaccination of dogs and cats policy  
**Australian Veterinary Association**  
June 09"

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The APVMA's Position Statement is ambiguous on the topic of 'triennial' vaccination, and the reference to the "12-month booster to ensure ongoing immunity" is inappropriate for dogs that have responded to core vaccination, likely at 14-16 weeks when the WSAVA 2010 guidelines advise that "MDA should have decreased to a low level, and active immunization will succeed in most puppies (>98%)". I suggest it would be careless to wait 12 months if there was any doubt that a puppy has responded to vaccination. **Instead, pet owners should be offered the opportunity to have a titre test for their pet to verify a response to vaccination, particularly as the WSAVA 2010 guidelines note:**

**"...the principles of 'evidence-based veterinary medicine' would dictate that testing for antibody status (for either pups or adult dogs) is a better practice than simply administering a vaccine booster on the basis that this should be 'safe and cost less'."**

The AVA's vaccination policy and the industry-sponsored WSAVA 2010 guidelines are also ambiguous and confusing on the subjects of 'boosters' and 'triennial' vaccination. While the WSAVA 2010 guidelines also use the term 'booster', I suggest this is confusing and inappropriate as the WSAVA 2010 guidelines also note:

**"In immunological terms, the repeated injections given to pups in their first year of life do not constitute boosters. They are rather attempts to induce a primary immune response by injecting the attenuated virus (of modified live virus [MLV] vaccines) into an animal devoid of neutralizing antibody, where it must multiply to be processed by an antigen presenting cell and stimulate antigen-specific T and B lymphocytes. (My emphasis)."**

According to Professor Schultz<sup>41</sup>, when a puppy has responded to core vaccination it is likely to have lifelong immunity, **so why is there any reference to 'boosters'?**

On the subject of 'triennial' vaccination, the WSAVA 2010 guidelines state:

**"Vaccines should not be given needlessly. Core vaccines should not be given any more frequently than every three years after the 12 month booster injection following the puppy/kitten series, because the duration of immunity (DOI) is many years and may be up to the lifetime of the pet."** (My emphasis.)

**The WSAVA 2010 guidelines do not actually recommend revaccination 'every three years'**. And why should they when there is no evidence to support repeated vaccination of already immunised animals, and when the WSAVA 2010 guidelines also advise that **the duration of immunity "is many years and may be up to the lifetime of the pet"**? The Fact Sheets of the WSAVA 2010 guidelines note that **DOI with MLV vaccines is nine years or longer, based on challenge and serological studies**.

**The WSAVA 2010 guidelines provide no explanation for the ambiguous reference to "three years", a serious failing given that the guidelines are sponsored by Intervet-Schering Plough, the manufacturer of a so-called three year vaccine "Nobivac DHP"<sup>42</sup>**. I suggest clarification should be provided for the reference to 'three years'.

The references to 'every three years' and the '12 month booster' are ambiguous and confusing in the WSAVA 2010 guidelines, **and this is resulting in already immunised pets continuing to be unnecessarily revaccinated, with those veterinarians who are moving to 'triennial' revaccination insisting on revaccinating pets (that have probably already been immunised with the 'annual' vaccines) with the so-called 'three year vaccines', instead of properly reviewing the animal's vaccination record, and recommending a titre test if there is any**

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**doubt about the animal's immune status.** There are similar ambiguities in the AVA's vaccination policy.

I am formulating some questions to put to the WSAVA Vaccination Guidelines Group on these and other relevant matters, including requesting clarification on further ambiguities in the supposedly 'concise' [WSAVA owner breeder guidelines](#), which I will forward to them in due course.

On the matter of "the decision on whether and when to re-vaccinate", the APVMA's Position Statement states:

**"It is important that veterinarians tailor vaccination regimens to suit the needs of each animal under their care, and discuss alternatives with their client."**

**"State and Territory legislation that controls use of veterinary medicines allows registered veterinarians to use veterinary medicines "off-label" in dogs and cats. Veterinarians may therefore use booster vaccines at whatever interval they (and the client) determine is best for each particular animal."**

**"Ultimately the decision on whether and when to re-vaccinate is made based on an informed risk/benefit assessment carried out by the veterinarian and the owner.** Although this is not a matter over which the APVMA has any regulatory control, the APVMA considers that the veterinarian **and the client** should consider both the severity of any reaction to a vaccine and the seriousness of the target disease that is being vaccinated against, in making a decision on whether and when to re-vaccinate."

"Many factors influence the effectiveness of vaccination and the need for re-vaccination. As mentioned above, these include knowledge of the canine/feline immune system, the vaccination history of the animal, its age, breed and health status, disease prevalence in the local area, likely exposure of the animal to other animals, including stray or feral animals, current best practice, contemporary guidelines and published veterinary literature. The vaccination program for an individual animal should be determined within a veterinarian-client-patient relationship, taking all these factors into account."

(My emphasis.)

The APVMA's Position Statement also acknowledges "testing as an alternative to re-vaccination":

**"Antibody titre testing, to determine if an animal needs re-vaccination, is available for canine distemper virus, adenovirus and parvovirus; and for feline parvovirus, calicivirus, and herpesvirus.** Titre testing is not helpful with diseases where there is poor correlation between the antibody titre and immunity, such as those caused by *Bordetella bronchiseptica* and canine parainfluenza virus. **Owners should seek veterinary advice when deciding between serology and re-vaccination."** (My emphasis.)

While puppies that are vaccinated late enough with core vaccines are likely to have lifelong immunity, titre-testing is a useful option if pet owners want to verify a response to vaccination. The onus should be on veterinarians to outline this option to pet owners, rather than inferring pet owners should initiate this discussion. **It is veterinarians' professional responsibility to bring the options of lab-based and in-surgery titre testing to the attention of pet owners.**

Unfortunately, the APVMA's Position Statement also contains confusing information about effective puppy vaccination, and its reference to vaccines "that have been **formulated specifically as longer-term vaccines**" is **highly questionable** given that efficacious MLV

vaccines with either an 'annual' or 'triennial' revaccination recommendation are likely to provide long duration of immunity (DOI).

On the topic of 'off-label' use, earlier published versions of the APVMA's Position Statement also included the key statement: "**Veterinarians and pet owners are under no obligation to follow revaccination intervals recommended on vaccine labels**". This statement has now been arbitrarily removed from the APVMA's Position Statement, on the basis that Allen Bryce of the APVMA didn't think it was necessary, his excuse being:

"That sentence was deleted only because the preceding and the following sentences convey essentially the same meaning. In my opinion it was unnecessary to say the same thing 3 times in succession."<sup>43</sup>

**Bea Mies and I have argued with Allen Bryce against the removal of this crucial statement to no avail.** Given the confusion about the term 'off-label' in association with preventative products such as vaccines (evident, for example, in my recent conversation with the RSPCA NSW's Chief Veterinarian, Dr Magdoline Awad), plus the confusion surrounding an appropriate puppy vaccination schedule, and also the continuing problem of unnecessary revaccination of already immunised animals, **it is my strong contention that this important clarifying statement should be urgently reinstated into the APVMA's Position Statement.**

I suspect the motives of people who insinuate that avoiding unnecessary vaccination is going 'off-label' and has legal implications. In fact, the term 'off-label' is misleading and inappropriate for vaccines which are so-called 'preventive' products not therapeutic medicines. There is no compulsion to follow manufacturers' recommendations for use, **particularly when there is no evidence that use of the product will benefit individual animals.**

The use of this slightly sinister term 'off-label' seems designed to alarm pet owners who might think they are taking a risk by refusing unnecessary vaccination and this should be clarified. This ambiguous situation highlights the need to effectively communicate to veterinarians and pet owners that: **Veterinarians and pet owners are under no obligation to follow revaccination intervals recommended on vaccine labels.**

**Dr Bennet-Jenkins, the lack of evidence supporting prescriptive 'annual' and 'triennial' manufacturers' revaccination recommendations on core vaccine product labels is a fundamental element of the problem of unnecessary vaccination of pets, and is the result of a major failing of the government regulator, the APVMA, to ensure that recommendations for product use are evidence-based.** There is no acknowledgement on these core vaccine product labels that this is a minimum duration of immunity and that an endpoint to duration of immunity has not been demonstrated. As far as I am aware, none of the vaccine labels suggest titre testing to verify a response to core vaccination. As already discussed, advice on the timing of puppy vaccination is generally confusing.

**Pet owners continue to be compelled to have indiscriminate core and non core vaccines for their pets to access veterinary services, pet insurance and boarding kennels etc.** It must be made clear that veterinarians do not have the authority to dictate that pet owners have interventions for their pets that are not of proven benefit for the individual animal.

Like Allen Grant, Parliamentary Secretary David Bradbury also suggested I contact the state veterinary boards about this matter, advising that "the Veterinary Surgeons Board of South Australia (VSBSA) plays a major role in consumer protection and community service, protecting the profession and the public".

The VSBSA may very well protect the profession - **in my experience it fails dismally to protect the public.** The Veterinary Surgeons Board of South Australia has continued to fob off my

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concerns about unnecessary vaccination of pets for the past more than two years. My colleague Bea Mies has been contacting the Veterinary Practitioners Board of New South Wales (VPBNSW) about this matter for years and met a similar brick wall and a belligerent attitude. In an email dated 11 October 2010, Glenn Lynch, the Registrar of the VPBNSW wrote to Bea Mies demanding: "Please remove my name from your email contacts and do not contact me again." **So much for veterinary boards playing "a major role in consumer protection and community service..."**

Dr Punch, in your response to Bea Mies in March 2010, you said:

**"The AVBC considers that veterinarians have a responsibility to continually upgrade their knowledge through continuing education, and that they should be aware of the issues relating to the vaccination protocols for all species which they treat. The AVBC also considers that a standardized vaccination protocol may not be appropriate for the entire country or every situation due to the variation in epidemiology, incidence and severity of preventable diseases in differing geographic locations. Rather the AVBC would expect a veterinarian to utilise the information available to them, and determine the best vaccination program for the animals in their care."**

Given the ongoing calls in the media urging pet owners to have their dogs repeatedly revaccinated to protect against parvovirus, it is obvious that many veterinarians are failing in their responsibility to "continually upgrade their knowledge through continuing education", and they are not "aware of [or not acknowledging] the issues relating to the vaccination protocols for all species which they treat". It is also obvious that many veterinarians are not determining "the best vaccination program for animals in their care". **Most importantly, many veterinarians are not informing their clients of the contradictions between the recommendations on vaccine product labels and vaccination guidelines, and other material in the scientific literature. Many veterinarians do not appear to be aware that they are recommending repeated revaccination with MLV vaccine products without evidence to support this repeated medical intervention.**

Dr Punch, you appear to ignore these issues completely, and refuse to take any responsibility for protecting pet owners' right to 'informed consent' by saying:

"It is not the purpose of the AVBC, and it has no legal jurisdiction, to attempt to dictate to individual veterinarians exactly what vaccination protocols they adopt."

**'Dictating' is precisely the issue here, i.e. many veterinarians are dictating to pet owners "exactly what vaccination protocols they adopt" without providing objective and balanced information on vaccination best practice, and obtaining 'informed consent'.**

Bea Mies' complaint to Ian MacDonald, NSW Minister for Primary Industries, also received an unsatisfactory response from Delia Dray, Acting Executive Director, Agriculture, Biosecurity and Mine Safety in June 2009. Ms Dray refers to the AVA's new vaccination policy in her letter (at that time the policy had not yet been published), but fails to acknowledge that it was because of the persistent efforts of people such as Bea Mies and me that the AVA had been forced to produce a policy on vaccination.

Bea Mies' email on companion animal vaccination to RSPCA National Present Lynne Bradshaw, and others, in June last year has also gone unanswered. My email to Grant Robb, CEO and Jack Bakkelo, then Chairman, of the Animal Welfare League of South Australia, forwarded in January 2010, was also ignored.

Last September, at my request, Allen Bryce forwarded a letter with a hard copy and link to the APVMA's Position Statement to all the state and territory veterinary boards, saying:

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“The Position Statement, together with associated links, provides some guidance to veterinarians on the controversial matter of re-vaccination intervals. **I would appreciate your assistance in forwarding this advice to all registered veterinarians in your jurisdiction.**” (My emphasis.)

I intend to follow up with the veterinary boards to ascertain what action, if any, has been taken to circulate the APVMA’s Position Statement to veterinarians in their jurisdiction. While the APVMA’s current Position Statement is far from perfect, it nevertheless includes important information that both the veterinary profession **and the pet owning public** need to consider.

### **Veterinarians do not have a mandate to dictate to pet owners**

It really is appalling that veterinarians continue to foist misleading, non-evidence based information upon pet owners with impunity, and that many pet owners are still not being given the opportunity to consider information on vaccination best practice for their pets. There is **no evidence** to support repeated core revaccination of already immunised animals, and pet owners must be allowed to consider this fact.

**It must be made clear that veterinarians do not have a mandate to dictate to pet owners. The final decision on vaccination should rest with the informed pet owner, not the veterinarian.** It is veterinarians’ responsibility to provide professional advice in the best interests of their paying clients’ individual pets, not to make blanket ‘recommendations’, and push indiscriminate core and non-core vaccines, and other medical products.

On the topic of pushing other medical products, a Fort Dodge TechNote (TFS 01-09) on the AVA policy on vaccination of dogs and cats states:

**“ProHeart SR-12 Injection requires annual administration and may be considered the cornerstone of annual health checks”.**

This blanket recommendation seems to indicate a desire for some sort of injection to be “the cornerstone” of the annual health check, with the heartworm injection being the replacement for annual core vaccination for diseases such as parvovirus, which has hitherto been the injection ‘hook’ to get clients and their pets back to the surgery every year.

In his book *An Introduction to Veterinary Medical Ethics*<sup>44</sup>, bioethicist Bernard Rollin queries whether it is ethical for vets to urge their clients to have heartworm treatments for their dogs in regions where the risk of heartworm is negligible. **This is particularly pertinent if there are any risks associated with a heartworm product.** Recommendations for heartworm products should be based on epidemiological data, and a consideration of risk for the individual animal, and the choice between different products, i.e. tablets for the risk period **or** an injection.

The Fort Dodge TechNote also includes the following revealing statements:

“Many Australian veterinarians are concerned that the implementation of triennial core vaccination **may reduce compliance of annual health checks** and in turn animal welfare.”

“Veterinary clinics that have changed to triennial revaccination **have not experienced a significant change in practice income** or annual health check compliance. They have focused on service-oriented rather than vaccination-driven revisits.”

(My emphasis.)

I think that reference to ‘**practice income**’ betrays the primary concern for most veterinarians. From my admittedly cynical perspective, veterinary practice isn’t about ‘service provision’, rather it is about getting the clients into the surgery and pushing as much product as possible, as evidenced by the **indiscriminate** prescription of core and non-core vaccines, flea products, heartworm products, etc, regardless of benefit for the individual animal.

Recent articles in the *Veterinary Practice News* support the view that **veterinary practice is more a business than a professional service in the best interests of the individual animal**, e.g.:

- [Vet care spending tops \\$13 billion in 2010](#) (17 March 2011)
- [Vets can add to bottom line with pet retail products](#) (15 December 2010)
- [Boost profit now to maximize practice value](#) (1 September 2010)

According to figures supplied by Allen Bryce of the APVMA, total canine core and non-core vaccine sales for the financial year 2008/2009 were approx. \$20.5 million. Total feline core and non-core vaccine sales were approx. \$6.5 million, **making an annual total of nearly \$27 million for companion animal vaccine sales.**<sup>45</sup> **This figure is the dollar value of sales by registrants, not retail values, so there would be a substantial percentage mark-up on this figure.** I strongly suspect many of these vaccines are being given unnecessarily, i.e. revaccinating already immune pets with core vaccines, and indiscriminate non-core vaccination, resulting in unnecessary expense for pet owners and needless risk of adverse reactions for pets.

## **Self-regulation and ethical responsibility**

**Indiscriminate prescription of vaccines and other medical products raises serious ethical and legal questions about ‘informed consent’ that must be addressed. The self-regulated veterinary profession must be brought to account.**

In an essay on “Professional conduct and self-regulation”<sup>46</sup>, Jane Hern, the registrar of the Royal College of Veterinary Surgeons notes that, traditionally, a profession has the privilege of self-regulation:

**“but only in return for an assurance that its members would set standards of competence and an ethical code of conduct that would protect consumers”.**

Professions must not be allowed to abuse their privilege of self-regulation, and the trust of their clients. Miss Hern notes that:

**“All the indications are that self-regulation will need to be more transparent and less self-serving in the twenty-first century. Regulatory bodies will increasingly need to involve lay people in handling complaints and in the disciplinary process. Professions which appear to look after their own will be looked on less favourably by government and the public generally.”** (My emphasis.)

In her essay, published in 2000, Miss Hern also makes a prescient observation which is very pertinent to vaccination practice:

**“It might be said that the laity are striking back against the conspiracy which they perceived the professions to be guilty of. Unquestioning or reluctant respect for the professional has, regrettably, given way to cynicism and suspicion. This change in**

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attitude towards the professions is regrettable, **because it was abuses of privilege by some professionals which were instrumental in this change.** Not surprisingly, some of those who were taken advantage of now want to get even. Consumers, government and other organizations will continue to put pressure on the professions **to improve standards** and at the same time to reduce costs. **Education, training and career development must become a continuous lifelong process if the professional is to keep up to the mark.** (My emphasis).

In his essay "The Vexation of Vaccination", published in *The Veterinarian* in November 2010, veterinary bioethicist Simon Coghlan presents some arguments from both sides of the vaccination 'debate':

"I will mention one final argument from this side of the debate [i.e. for minimising vaccination]. **It is a matter of informed consent, or respect for autonomy, that clients are told the latest and best vaccination recommendations and are not deceived on this state of play.** Vets who reject the experts' evidence-based advice on the best standard of care must recognise two things: **Firstly, by exposing their professional reputation to damage in the eyes of a well-informed public, they could taint their own professional standing. But secondly, that very possibility of damage goes beyond self-interest and to the notion of responsibility to one's profession.**" (My emphasis.)

### **A succinct and effective message on vaccination and titre testing is urgently required**

**Pet owners must be advised of the latest and best vaccination recommendations and allowed to make an informed decision in the best interests of their individual pet.**

**A succinct and effective message on appropriate core vaccination of puppies is urgently required, including advice on the option of titre testing to verify a response to core vaccination.** Advice on isolation of vulnerable puppies, and on how to transport vulnerable puppies to the veterinary surgery for core vaccinations, and a subsequent titre test if desired by the pet owner, is also essential.

Non-core vaccination and other medical products, such as heartworm and flea products, must be carefully considered on a risk/benefit analysis for the individual animal, **indiscriminate prescription of these products is unacceptable.** Informed consent must be obtained from the client before any intervention, including a signed consent form indicating the pet owner has been properly informed of their options, and the risks and benefits of the intervention.

Pet owners are likely to accept a small risk if it is substantially outweighed by the benefits, **but it is unacceptable that an animal be put at any risk with an intervention that has no proven benefit for the individual animal.**

### **Conclusion**

Over the past two and half years I have prepared a number of papers, articles and open letters to organisations such as the AVA and APVMA, on unnecessary vaccination of pets. For your information, the following documents are attached to the covering email, and also accessible via the links below:

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- [Papers, articles, open letters re pet vaccination – Elizabeth Hart](#)
  - [Media articles re over-vaccination of pets](#)
  - [Media articles re parvovirus outbreaks across Australia](#)

**Dr Smyth, Dr Punch, and Dr Bennet-Jenkins, I request your urgent response to the matters raised in this correspondence.**

**What action are you going to take to ensure the public is properly informed about vaccination best practice for companion animals, and that pet owners are given the opportunity to make an informed decision in the best interests of their individual pet/s?**

As mentioned at the top of this letter, please note your response will be forwarded to others for information. This letter is also being copied to a wide range of people with a responsibility for, or interest in, ethical and effective companion animal vaccination, please refer to the list below.

Yours sincerely

**Elizabeth Hart**

Independent Advocate for Judicious Vaccine Use

cc:

- Joe Ludwig, Federal Minister responsible for the APVMA
- Allen Grant, Exec. Manager, Agricultural Productivity Div., Dept. of Agriculture, Fisheries and Forestry
- David Bradbury, Federal Parliamentary Secretary to the Treasurer
- James Suter, General Counsel, APVMA
- Allen Bryce, Program Manager, Veterinary Medicines, APVMA
- Phil Reeves, Principal Scientist, Residues and Veterinary Medicines
- Simon Cubit, Manager, Public Affairs, APVMA
- Jenni Mack, Member of the APVMA Advisory Board
- Heather Yeatman, Chair of the APVMA Community Consultative Committee
- Ted Whitem, APVMA Science Fellow; and Chair of Veterinary Clinical Sciences, Veterinary Clinic and Hospital, University of Melbourne
- Glenn Browning, APVMA Science Fellow; and Associate Dean, Research and Research Training, Faculty of Veterinary Science, University of Melbourne
- Michael Day, Chair of the Vaccination Guidelines Group, World Small Animal Veterinary Association (WSAVA); and Professor of Veterinary Pathology, University of Bristol
- Ronald Schultz, Member of the Vaccination Guidelines Group, WSAVA; and the American Animal Hospital Association Canine Vaccine Task Force; and Professor and Chair, Department of Pathobiological Sciences, University of Wisconsin-Madison
- Hajime Tsujimoto, Member of the Vaccination Guidelines Group, WSAVA; and Professor, Department of Veterinary Internal Medicine, University of Tokyo
- Richard Squires, Member of the Vaccination Guidelines Group, WSAVA; and A/Prof. – Head of Veterinary Clinical Sciences, James Cook University
- Roger Clarke, Representative for Asia and Co-Chair of the Animal Welfare Committee, WSAVA
- Jolle Kirpensteijn, President, WSAVA
- David Wadsworth, Past President, WSAVA
- Richard Ford, Member of the American Animal Hospital Association Canine Vaccine Task Force; and Professor of Small Animal Medicine, North Carolina State University
- Jason Merrihew, Associate Public Relations Manager, American Animal Hospital Association
- Julie Strous, Executive Officer, Australasian Veterinary Boards Council
- Mark Lawrie, Director and Past President of the AVA
- Graham Swinney, President and Policy Councillor of the Australian Small Animal Veterinary Association (ASAVA) and AVA Scientific Committee Member
- David Imrie, Executive Officer, ASAVA
- David Mason, ASAVA Executive Committee Member
- Mark Kelman, ASAVA Exec. Committee Member and Tech. Services Manager, Virbac Animal Health
- Philip Brain, Small Animal Specialist and AVA/ASAVA spokesperson

- Julia Crawford, AVA President, New South Wales Division
- Steve Ferguson, AVA President-Elect, New South Wales Division
- Jodie Wilson, AVA President, Queensland Division
- Tony Thelander, AVA President-Elect, Queensland Division
- Andrew Nathan, AVA President, South Australian Division
- Phillip Stott, AVA President-Elect, South Australian Division
- Bill Harkin, AVA President Victorian Division
- Susan Maastricht, AVA President-Elect Victorian Division
- Suzanne Martin, AVA President, Tasmanian Division
- Garry Edgar, AVA President, Western Australian Division
- Paul Davey, AVA President-Elect, Western Australian Division
- Olivia James, AVA President, ACT Division
- Emma Rooke, AVA President-Elect, ACT Division
- Chris Ma, AVA President Northern Territory Division
- Richard Wild, President, New Zealand Veterinary Association
- Debra Lane, Presiding Officer, Veterinary Surgeons Board of South Australia
- Sue Millbank, Registrar, Veterinary Surgeons Board of South Australia
- Laurie Dowling, Veterinary Surgeons Board of Queensland
- Sue Godkin, Registrar, Veterinary Surgeons Board of Western Australia
- Neil Leighton, Chairman, Veterinary Board of Tasmania
- Diana Leeder, President, Veterinary Board of the Northern Territory
- Bernadette McKirdy, Registrar, Veterinary Board of the Northern Territory
- Kevin Doyle, President, the ACT Veterinary Surgeons Board
- Roslyn Anne Nichol, President, Veterinary Practitioners Registration Board of Victoria
- Glenn Lynch, Registrar, Veterinary Practitioners Board of New South Wales
- Richard Wild, President, New Zealand Veterinary Association
- Ron Gibson, Veterinary Council of New Zealand
- Peter Jinman, President, Royal College of Veterinary Surgeons
- Jane Hern, Registrar of the Royal College of Veterinary Surgeons
- Harvey Locke, President, British Veterinary Association
- Grant Petrie, President, British Small Animal Veterinary Association
- President of the American Veterinary Medical Association
- Lynne White-Shim, Assistant Director, Scientific Activities Division, American Veterinary Medical Assoc.
- Steve Dean, Executive Officer, Veterinary Medicines Directorate, UK
- Richard Hill, Director, Center for Veterinary Biologics, US
- Rosanne Taylor, Dean, Faculty of Veterinary Science, University of Sydney
- Vanessa Barrs, A/Prof Small Animal Veterinary Medicine, Faculty of Veterinary Medicine, Uni of Sydney
- Ian Robertson, Acting School Dean, School of Vet and Biomedical Sciences, Murdoch University
- Peter Irwin, A/Prof Small Animal Medicine School of Vet and Biomedical Sciences, Murdoch University
- Gail Anderson, Head of School of Veterinary Science, University of Adelaide
- Nick Sangster, Head of School of Animal and Veterinary Sciences, Charles Sturt University
- Leonie Richards, Head of General Practice, University of Melbourne Veterinary Hospital
- Jonathan Hill, Head of School and Dean, School of Veterinary Science, University of Queensland
- Wayne Hein, Head of School of Veterinary and Biomedical Sciences, James Cook University
- Frazer Allan, Head of Institute of Veterinary, Animal and Biomedical Sciences, Massey University
- Lynne Bradshaw, National President, RSPCA
- Steve Coleman, Chief Executive Officer, RSPCA NSW
- Magdoline Awad, Chief Veterinarian, RSPCA NSW
- Grant Robb, Chief Executive Officer, Animal Welfare League of South Australia
- Jack Bakkelo, Director, Animal Welfare League of South Australia
- Phil Reeve, Chairman, Animal Welfare League of South Australia
- Kevin Stafford, Professor Applied Ethology and Animal Welfare, Animal Welfare Science and Bioethics Centre, Massey University
- Clive Phillips, Professor of Animal Welfare, School of Veterinary Science, University of Queensland
- Brian Martin, Professor of Social Sciences, University of Wollongong
- Peter Singer, University Center for Human Values, Princeton University
- Peter Collignon, Professor, Director of Infectious Diseases and Microbiology, ACT Department of Health
- Robert Booy, Head of Clinical Research, National Centre for Immunisation Research and Surveillance, Westmead Children's Hospital
- Peter Doherty, Laureate Professor, Dept. of Microbiology and Immunology, University of Melbourne
- Bernard Rollin, Bioethicist, Colorado State University
- Duane Flemming, Past President of the American Veterinary Medical Law Association
- Simon Coghlan, Bioethicist
- James Yeates, Research Assistant in Ethics in Human Enhancement, University of Bristol
- Ali Mobasheri, A/Prof Reader in Comparative Physiology, School of Veterinary Medicine and Science, University of Nottingham
- James Wood, Director, Cambridge Infectious Diseases Consortium
- Rosalind Gaskell, Professor, Small Animal Infectious Diseases, University of Liverpool
- Mark Holmes, Snr Lecturer, Preventive Vet Medicine, University of Cambridge

- Angus Dalglish, Professor, Infection and Immunity, St George's University of London
- Claudia Barton, Professor, Dept. of Small Animal Medicine and Surgery, Texas A&M University
- Michal Baniyash, Professor, Faculty of Medicine The Hebrew University of Jerusalem
- Dennis Macy, Veterinary Medicine Specialist, West Flamingo Animal Hospital, Las Vegas
- Jory Olsen, Veterinary Medicine Specialist, Greater Atlanta Veterinary Medical Group
- Dudley McCaw, Professor Emeritus of Veterinary Medicine, University of Missouri
- George Moore, A/Prof of Clinical Epidemiology, Dept. of Comparative Pathobiology, Purdue Veterinary Medicine, Purdue University
- Larry Glickman, Professor, UNC School of Medicine
- Ian Tizard, Richard M Shubot Professor, Veterinary Pathobiology, Texas A&M University
- Michael Lappin, Professor, Small Animal Medicine, Dept. of Clinical Sciences, Colorado State University
- Cindy Otto, A/Prof. of Critical Care, Department of Clinical Studies, University of Pennsylvania
- Jean Dodds, Veterinarian, Hemopet
- Steven Holloway, Registered Specialist in Small Animal Medicine
- Richard Brandon, R&D Veterinarian, Plavacc Pty Ltd
- John Jardine, Specialist Veterinary Pathologist, Vetpath
- Len Small, Marketing Manager, Biogal Galed Labs
- Peter Bracken, Technical Services Veterinarian, Boehringer Ingelheim Pty Limited
- Kent Deitemeyer, Pacificvet Ltd
- E. Kathryn Meyer, Veterinarian
- Carin Smith, Veterinarian
- Michael Fox, Veterinarian
- Carol Osborne, Veterinarian
- Barbara Fougere, Veterinarian
- Elaine Cebuliak, Veterinarian
- Carl von Schreiber, Veterinarian
- Warren Foreman, Veterinarian
- Aine Seavers, Veterinarian
- Patricia Jordan, Veterinarian
- Jeannie Thomason, Veterinary Naturopath
- Kim Bloomer, Veterinary Naturopath
- Stephen Abrahams, Veterinarian
- Chris Brown, 'Bondi Vet', Channel 10
- Martin Atkinson, Veterinarian
- Steve Gilmore, Veterinarian
- Patrick Moore, Veterinarian
- T Sinclair, Vet Nurse
- Bea Mies, Independent Advocate for Judicious Vaccine Use
- Pauline Kitching, Independent Advocate for Judicious Vaccine Use
- Sally Turner, Independent Advocate for Judicious Vaccine Use
- Monika Peichl, Independent Advocate for Judicious Vaccine Use
- Catherine O'Driscoll, Canine Health Concern
- Jan Rasmussen, Truth4Dogs
- Kris Kristine, Rabies Challenge Fund
- Luke Martin, Editor, The Veterinarian
- Wendy Slater, National Dog
- Barbara Andrews, The Dog Press
- Cecilia Lee, CHOICE
- Michael Sexton, ABC
- Jen Hunt and Tim Holt, ABC NSW South East

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