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**An open letter to representatives of the Australian and international
veterinary profession, veterinary industry, and government regulators**

9 August 2010

To:

- Tony Burke, Federal Minister responsible for the APVMA
- Craig Emerson, Federal Minister for Competition Policy and Consumer Affairs
- Eva Bennet-Jenkins, Chief Executive Officer, APVMA
- Allen Bryce, Program Manager, Veterinary Medicines, APVMA
- James Suter, General Counsel, 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 Whittem and Glenn Browning, APVMA Science Fellows
- Michael Day, Chair of the Scientific Advisory Committee, and Chair of the Vaccination Guidelines Group, World Small Animal Veterinary Association (WSAVA)
- Ronald Schultz, Member of the Vaccination Guidelines Group, WSAVA, and the American Animal Hospital Association Canine Vaccine Task Force
- Richard Squires, Member of the Scientific Advisory Committee, WSAVA
- Roger Clarke, Representative for Asia and Co-Chair of the Animal Welfare Committee, WSAVA
- Jolle Kirpensteijn, President and David Wadsworth, Immediate Past President, WSAVA
- Barry Smyth, President of the Australian Veterinary Association (AVA)
- Mark Lawrie, Director and Immediate Past President of the AVA
- Graham Swinney, President and Policy Councillor of the Australian Small Animal Veterinary Association (ASAVA) and AVA Scientific Committee Member
- Julie Strous, Executive Officer and Peter Punch, Chair, Australasian Veterinary Boards Council
- Sue Millbank, Registrar, Veterinary Surgeons Board of South Australia
- Glenn Lynch, Registrar, Veterinary Practitioners Board of New South Wales
- Steven Holloway, Registered Specialist in Small Animal Medicine
- Peter Irwin, Veterinary Clinical Sciences, Murdoch University
- Jane Hern, Registrar of the Royal College of Veterinary Surgeons, UK
- Richard Ford, Member of the American Animal Hospital Association Canine Vaccine Task Force
- Lynne White-Shim, Assistant Director, Scientific Activities Division, American Veterinary Medical Assoc.
- Bernard Rollin, Bioethicist, Colorado State University
- Steve Dean, Chief Executive Officer, Veterinary Medicines Directorate, UK
- Richard Hill, Director, Center for Veterinary Biologics, US
- Peter Bracken, Technical Services Veterinarian, Boehringer Ingelheim Pty Limited
- Mark Kelman, Technical Services Manager, Virbac Animal Health
- Aine Seavers, Veterinarian
- Stephen Abrahams, Veterinarian
- Chris Brown, 'Bondi Vet', Channel 10
- Luke Martin, Editor, The Veterinarian
- Jennifer Ritchie, Ag and Vet Chemicals (COAG Reforms), Dept. of Agriculture, Fisheries and Forestry
- Bea Mies, Co-Advocate for judicious vaccine use

* Please note this letter and your response will also be forwarded to other relevant parties for information and discussion.

Ladies and Gentlemen

**RE: USE OF THE MEDIA TO PROMOTE OVER-SERVICING IN THE VETERINARY PROFESSION -
UNNECESSARY, AND POSSIBLY HARMFUL, VACCINATION OF COMPANION ANIMALS**

Due to the continued failure of the Australian Pesticides and Veterinary Medicines Authority (APVMA) and the Australian Veterinary Association (AVA) to properly warn the public about the controversy surrounding vaccination of companion animals, particularly the unjustifiable repeated use of modified live virus (MLV) core vaccines with **non-evidence based** 'annual' and 'triennial' revaccination recommendations, pet owners continue to be coerced into having unnecessary, and possibly harmful, vaccinations for their pets.

The media, and specialist veterinary magazines and journals, are being used to promote unnecessary vaccination of pets. ***Who is speaking up to protect pet owners and their pets from this exploitation? There appears to be a complete lack of public leadership on addressing this matter in the veterinary profession in Australia.***

Last year I forwarded my report "[Is over-vaccination harming our pets? Are vets making our pets sick?](#)" (April 2009) to the APVMA, AVA, State Veterinary Surgeons Boards, Heads of veterinary schools, the World Small Animal Veterinary Association, and other key members of the veterinary profession in Australia and overseas.

My summarised paper "[Over-vaccination of pets – an unethical practice](#)" was circulated in June 2009. (This groundwork was followed by a number of open letters to the APVMA and AVA, and by a series of articles in specialist dog breeder magazine, *National Dog*. My work has not been greeted with enthusiasm by the veterinary profession.)

Subsequent to circulation of my critiques of vaccination practice, and extensive lobbying by my colleague Bea Mies and me, the AVA Board ratified its revised vaccination policy on 26 June 2009. (The AVA's previous draft vaccination policy had been under review, ***with no action***, since 1999.)

The AVA's reduced vaccination policy was finally [released on 12 August 2009](#), after negative publicity about unnecessary vaccination of pets in the media, ie "[Vets dogged by criticism](#)", *Sydney Morning Herald*, 1-2 August 2009; "[Pet owners dogged by 'unnecessary' vaccinations](#)", *ABC News*, 6 August 2009; and "[Annual vaccination could be harmful: vets told](#)", *Sydney Morning Herald*, 11 August 2009.

On Friday 5 February 2010, the *Brisbane Courier Mail* published a story with the headline "[Too many needles for pets](#)", which reported that "hundreds of thousands of cats and dogs are being over-medicated with unnecessary annual vaccinations".

In response, the APVMA issued a statement on its website on 8 February 2010 under the section: "Our View" titled "[Over-vaccination Comments Over-stated](#)". Despite the title of the APVMA's response, the APVMA admitted the media article "***was broadly correct...***"

Despite the [AVA's new vaccination policy](#), and despite the [APVMA's Position Statement](#) on Vaccination Protocols for Dogs and Cats, (which was finally issued in January 2010, after persistent lobbying by me and Bea Mies, and which remains unpublicised), ***unnecessary annual core vaccination of pets remains prevalent practice throughout Australia.***

While the media has exposed the story of unnecessary vaccination of pets, ***ironically the media is also being manipulated to promote unnecessary vaccination of pets.***

For example, in a [segment about parvovirus outbreaks](#), shown on the Channel 10 program the *7PM Project* on Thursday 8 July 2010, 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". 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.)

This ***nationally televised warning***, plus articles in newspapers such as "[Call to vaccinate](#) as vets warn of spike in deadly dog virus" (*SMH*, 8 July 2010), "[Warning on killer puppy virus](#)", (*The Age*, 7 July 2010), and "[Deadly puppy flu hits WA](#)", (*WA Today*, 7 July 2010), were sparked by an Australian Veterinary Association media release which, in the interests of transparency, I reproduce in full below:

Australian Veterinary Association Media Release

[Vets fight puppy parvo outbreak across Australia](#)

Wednesday, 07 July 2010

Veterinarians across Australia say they have been treating unusually high numbers of winter cases of a deadly dog and puppy disease this year.

“Usually we only see large numbers of dogs and puppies with parvovirus during the summer months,” said Dr Graham Swinney from the Australian Veterinary Association.

“In the past two months in there have been around 200 reported cases of parvovirus across Australia, which is unusually high for this time of year.

“This is particularly worrying for new dog owners as parvovirus is most severe in puppies – with death in around 80 per cent of untreated cases,” Dr Swinney said.

“Common signs of the disease are severe vomiting and bloody diarrhoea.

“The frustrating thing for vets is that this virus is highly preventable.

“Every single puppy or kitten in Australia needs to be vaccinated against deadly diseases. This [is] much less expensive than treating your pet after it gets sick and saves the heartache of losing a new family member too soon.

“Talk to your vet as soon as you get a new pet about vaccinations and other ways to ensure your puppy or kitten lives a long and healthy life,” he said.

Vets have now started to develop a clearer picture of the spread of diseases like canine parvovirus thanks to improved monitoring.

Detailed information on this outbreak came from the Disease WatchDog, an online database of companion animal diseases, which was launched by Virbac Animal Health at the beginning of the year.

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Despite the fact that the AVA is well aware that **annual** revaccination of adult dogs with core vaccines (e.g. parvovirus) remains prevalent practice, and despite assurances from Dr Mark Lawrie, Immediate Past President of the AVA, (given to me in a personal email dated 18 May 2010, in response to [my letter to the AVA re evidence-based medicine and veterinary ethics](#)), the AVA media release noted above **does not** clearly demonstrate that the mission of AVA spokespeople “*has been to articulate our policy, including the need to reduce frequency of vaccination*”. (My emphasis.)

The AVA’s media release on the national parvovirus outbreak notes:

Detailed information on this outbreak came from the Disease WatchDog, an online database of companion animal diseases, which was launched by Virbac Animal Health at the beginning of the year.

Epidemiological research on diseases such as parvovirus appears to be a recent innovation in Australia. Unfortunately, the [Virbac sponsored Disease WatchDog](#) does not appear to be accessible to the general public.

It is interesting to note that Virbac produce canine vaccine products, for example [Canigen DH_{A2}P](#), which contains live, attenuated canine distemper virus, adenovirus and parvovirus. The label on this vaccine product states: **“An annual booster is recommended”**. (My emphasis).

The Virbac website notes:

*Annual vaccination allows boosting of a sub-optimal immune response and therefore provides best protection against disease. **Where we are dealing with very serious diseases such as parvovirus, this is especially important.***¹ (My emphasis.)

With the AVA openly endorsing Virbac, **it is no wonder that the general public remains unaware of “the need to reduce frequency of vaccination”**.

Due to the inability of the AVA to clearly and effectively communicate vaccination best practice, **annual revaccination with modified live virus vaccines remains prevalent in Australia**, as again illustrated by more recent media articles about parvovirus outbreaks.

For example, an article titled [“Warning over deadly dog virus”](#), (*The West Australian*, 13 July 2010) recommends “**vaccinations at six weeks, 12 weeks and a yearly booster for adult dogs**”, and in an article titled [“Dog virus warning”](#) (*In My Community*, 20 July 2010), a vet is reported to recommend **“owners top up their pet’s vaccination annually”**.

(Click this link for [more examples of media articles about parvovirus outbreaks in Australia](#) for the period December 2009 – July 2010.)

Even the Veterinary Surgeons’ Board of South Australia continues to **“strongly recommend”** that dogs be vaccinated for parvovirus, distemper virus and hepatitis within the 12 month period preceding being admitted to boarding kennels², and has so far refused to respond to requests for scientific evidence to support this recommendation.³ My latest enquiry to the VSB of SA has been met with the response that **“the Board is considering this matter and will make a decision in due course”**.⁴ Given that the WSAVA guidelines were first published in September 2007, and the AVA’s reduced vaccination policy was announced in August last year, **how can this ongoing delay be justified?**

Pet owners are still not being given a simple and effective message on pet vaccination, a message which has recently been [succinctly summarised](#) by Professor Michael Day, Chairman of the WSAVA Vaccination Guidelines Group, at the WSAVA Congress in Geneva in June 2010, ie:

*Although the licensed duration of immunity (DOI) for the core vaccine components (DHP) is three years, there is now evidence for a minimum DOI of 9 years for CDV and CPV and, **in reality, a dog that is appropriately immunized as a pup probably never requires another core vaccine during its lifetime**...If the owner is in any doubt as to whether the animal is protected against the core vaccine-preventable diseases, then serological testing may be used to allay any fears. The presence of **any** titre of antibody to CDV, CAV and CPV is indicative of protection.*⁵ (My emphasis.)

In reference to **non-core** vaccination, Professor Day provides the example of **“a city dog that is never kennelled in a boarding establishment”** with a lifestyle that means **“its risk of exposure to *Leptospira* or the canine respiratory complex is minimal”**. **In this common example, vaccination with non-core vaccines is deemed “unnecessary”**.⁶

Why is this simple message on pet vaccination, so elegantly summarised by Professor Day, not being communicated to the public? If this message was effectively communicated, it is likely that **more puppies would be appropriately vaccinated with core vaccines**, thereby

enhancing herd immunity against the serious viral diseases, rather than the current unsatisfactory situation in which it is estimated up to 50-70% of dogs may not be protected.⁷ **Revaccinating already immune dogs does nothing to improve herd immunity.**

Pet owners are also not being warned that maternally derived antibodies (MDA) may interfere with a puppy's response to vaccination, and that the early finish currently recommended on some vaccine product labels⁸ conflicts with more recent advice in the WSAVA 2010 guidelines, ie that the final puppy vaccination should be around 14-16 weeks, when "MDA should have decreased to a low level, and active immunization will succeed in most puppies (>98%)".⁹

I suggest more clarification on the ideal puppy vaccination protocol is required, including advice on the safest way to have vulnerable puppies vaccinated, particularly as they will be brought to possible sources of infection in veterinary surgeries. Perhaps home visits by vets to vaccinate puppies could be an option for those pet owners willing to pay a call-out fee?

Given that a puppy is likely to respond to vaccination around 14-16 weeks, I also question the WSAVA 2010 guidelines recommendation for a 12 month booster, as this contradicts advice elsewhere in the WSAVA 2010 guidelines, ie:

The principles of 'evidence-based veterinary medicine' would dictate that testing for antibody status (for either pups or adult dogs) is better practice than simply administering a vaccination.¹⁰

Titre testing is available in Australia but, curiously, vets appear to be reluctant to offer their clients the opportunity to verify that their pet has responded to vaccination. Of course, if a puppy is vaccinated as recommended by the WSAVA guidelines, with the final vaccination at 14-16 weeks, it is very likely protected.

As well as publicly endorsing Virbac, **it appears the AVA also privately supports veterinarians who wish to continue with annual vaccination for diseases such as parvovirus.**¹¹

In an article by pro-annual vaccination veterinarian Aine Seavers, published in the veterinary industry magazine, *The Veterinarian*, in April 2010, Dr Seavers refers to personal correspondence from the AVA that supports veterinarians who want to "continue annual vaccination" saying "our policy still allows for this".¹²

This appears to indicate a duplicitous stance by the AVA, with its public policy of reduced, (ostensibly triennial), vaccination being at odds with its private endorsement of veterinarians who continue to promote annual vaccination. (In the interests of transparency and accountability, I asked Dr Lawrie for a copy of the AVA's letter to Aine Seavers, so I could consider her quotes from the letter in context, but my request was ignored.¹³)

In her article, Dr Seavers says it is her "belief that the AVA should remove the current information on the OPEN page of the AVA website as it is not representative of all the vets of Australia..."¹⁴

It is interesting to note that reference to the AVA's reduced vaccination policy has now been removed from the AVA's Home page, and information on this 'hot topic', relevant to the estimated 3.41 million dogs and 2.35 million cats in Australia¹⁵, has to be searched for on the AVA website.

In the introduction to Dr Seavers' article, *The Veterinarian* acknowledges that vaccination is "a topic that is hotly contested at present" and invites comments.¹⁶ In response, Bea Mies made a [detailed response to Aine Seavers' article](#). I also made a submission to *The Veterinarian*, titled [A pet owner's perspective of the vaccination controversy](#).

It is disappointing that Bea Mies' and my informed pet owners' perspectives on the 'hotly contested topic' of vaccination have so far been disregarded by *The Veterinarian*, particularly as this magazine prides itself on having "a long history of responding to the opinions of readers".¹⁷

While the opinions of veterinarians and vaccine manufacturers are warmly received, so far it appears evidence provided by informed pet owners is not welcome on this 'hotly contested topic'. Pet owners are expected to conform to their designated role, ie to be meekly compliant to whatever product interventions the veterinary profession/industry dictate for our pets.

Our submissions to *The Veterinarian* sought to provide pertinent information for this so far one-sided 'debate', including reference to the recently published WSAVA 2010 guidelines. One might have thought this 'hot off the presses' information about the recently revised international vaccination guidelines would have been seized upon by a magazine which touts itself as "providing up-to date and independent news, views and in-depth clinical reviews, practical articles and commentary from leaders in the veterinary world"¹⁸, but apparently not.

In the July 2010 edition of *The Veterinarian*, an article by Mark Kelman, Technical Services Manager with Virbac Animal Health, was published in support of Seavers' article, which was indicative of a mutual admiration society, as Seavers had praised an earlier article by Kelman in her own contribution, also adding that she had switched to Virbac vaccines. As noted above, Virbac manufactures MLV core vaccines with an annual booster recommendation, and actively promotes annual vaccination for parvovirus on its website.¹⁹

In his article titled "**Getting the full story – evaluating science and evidence-based medicine**", Kelman provides a lecture on evidence-based medicine. Unfortunately, he fails to acknowledge that **there is no evidence to support repeated revaccination of adult dogs with MLV core vaccines, and that an endpoint to duration of immunity has not been demonstrated.**

Bea Mies has directly challenged [Dr Seavers'](#) and [Dr Kelman's](#) arguments via open email correspondence.

So far Dr Seavers and Dr Kelman have not taken the opportunity to provide an open response.

It will be interesting to see how many members of the veterinary profession have the gumption to publicly challenge the arguments put forward by Dr Seavers and Dr Kelman.

Since publication of the "**The needle and the damage done?**"²⁰ in *The Veterinarian* ten years ago, **there appears to have been a conspiracy of silence in the Australian veterinary profession and industry about this controversial topic, and scant signs of leadership on the matter from senior members of the profession.**

With the exception of a tiny minority of dedicated veterinarians, it seems that much of the heavy lifting involved in relaying evidence about vaccination best practice is being left to informed pet owners, as we appear to be among the very select band willing to promote the WSAVA 2010/2007 guidelines, and pertinent information in the scientific literature on vaccination best practice and adverse reactions.

In this regard, I recently prepared an article titled "[Important Information for Dog Owners – Vaccination Update July 2010](#)". (An earlier version of this article was published in the latest edition of specialist dog breeder magazine *National Dog*²¹)

Up to now, pet owners have been at the mercy of the veterinary profession, vaccine manufacturers, and even the Federal government regulator, the APVMA, all of which have strongly promoted non-evidence based **annual** revaccination with MLV vaccines.

Between them, these parties have constructed a lucrative market based on an artificial need. This market has been built on a false foundation, as there is ***no proof*** that dogs that have responded to vaccination with MLV vaccines (likely after the final puppy vaccination at 14-16 weeks) benefit from repeated 'boosting'.

Due to the serious systemic breakdown in the regulatory system and veterinary practice that has resulted in pet owners being duped into having unnecessary, and possibly harmful, interventions for their pets, ***the relationship between the APVMA, the AVA, and the vaccine industry, must be held up to scrutiny.***

It is all very well for the AVA to announce a reduced vaccination policy, and the APVMA to come out with its Position Statement, now, after all the years of unacceptable delay, but these developments were unlikely to have occurred unless Bea Mies and I had maintained the pressure - this has taken literally years of our time. We have had to work very hard to get both the APVMA and AVA to act on the problem of unnecessary vaccination of pets, ***and we have been resisted every step of the way.***

Questions should be asked about the delays in addressing this issue, e.g. why has it been left to pet owners to expose this problem in Australia and agitate for change?

Bea Mies and I have strongly challenged unnecessary vaccination in Australia, and we can attest that ***this has been a very difficult task, with opposition from all quarters.***

We are up against a formidable foe – the combined might of the veterinary profession and the vaccine industry, both of which are reluctant to reduce the lucrative vaccine market, ***and both of which use the media and veterinary publications to promote their message with impunity.***

People who are trying to ensure that pet owners are given the opportunity to consider the latest international vaccination guidelines and information in the scientific literature ***are being sidelined and stifled.***

For example, in an article published in the June 2010 edition of the Centre for Veterinary Education's *Control & Therapy Series*, Aine Seavers refers to "a vociferous tiny anti-vaccine section of the public" and "reactionary, strident...serial letter writers"²² which appears to be an attack on those who dare to challenge the status quo by demanding evidence to support medical interventions and access to expert opinion on vaccination best practice.

In a letter published in the August 2010 edition of the *Australian Veterinary Journal*, another apparently pro-annual vaccination veterinarian, Stephen Abrahams, discusses the "current vaccination debate" and wonders:

*What roles should our regulators and associations have in setting policies, **when those policies may impinge upon the commercial nature of private practice?***²³ (My emphasis.)

An interesting question, and one which indicates where the priorities of some veterinarians lie.

Veterinarians who continue to promote annual vaccination are very keen to play down the possibility of adverse reactions (or longer term health problems) developing as a result of excessive vaccination.

As a person who strongly suspects her own dog was adversely affected by unnecessary vaccination, ***I have become very weary of the constant refrain that vaccination reactions are***

'negligible'. Pets who suffer mysterious illnesses or die after vaccination are written off as mere 'anecdotes', and are just collateral damage in the lucrative revaccination market.

From my reading of the scientific literature, it is my strong suspicion that many possible vaccine reactions, including delayed reactions and longer term health problems, go unacknowledged and unreported.

Little or no research has been done on the cumulative effects and consequences of repeated vaccination. Professor Michael Day acknowledges that few "*investigations have studied the phenomenon of 'inflammageing' (the effect of cumulative antigenic exposure and onset of late life inflammatory disease)*" in dogs and cats.²⁴ (Refer to my letter to the APVMA dated 17 June 2010, pp 7-14, for [more information on vaccination and adverse reactions.](#))

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 vaccination is recognized or only suspected.*²⁵

The WSAVA Vaccination Guidelines Group:

recognizes 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...surveillance schemes.²⁶ (My emphasis.)

However, veterinarians appear to be very reluctant to make adverse reaction reports in my experience. Certainly the vet concerned in my own dog's case would not even consider that her mysterious illness (haemorrhagic gastroenteritis), which became evident eight days after she was unnecessarily challenged with vaccination, could have been a delayed adverse reaction. Neither would the Registrar of the Veterinary Surgeons' Board of South Australia, and the Deputy Veterinary Director of the AVA was also doubtful.

When I serendipitously discovered the existence of the APVMA on the internet, I contacted the APVMA's Adverse Experience Reporting Co-ordinator about making a report. She advised me to take my time to make a report, saying it would be most useful if it was complete and detailed, and here I am, nearly two years later, still gathering evidence. No wonder possible adverse experiences are under-reported if this is the amount of trouble one has to go to to make a case.

In my recent [open letter to Allen Bryce et al dated 23 June 2010](#), I provided a recent example of a woman (Sally) and her husband who brought their dogs to the vet for their annual check-up on 9 April 2010. They asked the vet about three yearly vaccination, during which conversation the vet (unnecessarily) vaccinated the dogs. (The dogs were also given heartworm injections.) Subsequently, one of the dogs 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.²⁷

This was a devastating outcome, as the vaccination of this four and a half year old dog was in all likelihood ***completely unnecessary.***

I suggested Sally ask the vet to make an adverse experience report to the APVMA. ***As I suspected it was highly unlikely that the vet would make a report,*** I also suggested she submit her own adverse experience report.

Sally attempted to make a report using the APVMA's electronic adverse experience reporting form. She told me about her experience, saying: "*Gosh what an ordeal! No wonder nobody reports...*"²⁸

Sally attempted to send the form 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.²⁹

Sally also asked the APVMA officer if an adverse experience report had been received from the vet and was advised that **a report could not be found**.³⁰

In his lament to his peers, veterinarian Stephen Abrahams says:

*We receive information suggesting dangerous vaccine reactions, as well as 'best practice' decrees from the WSAVA, AVA and ASAVA. We are also told of triennial vaccine breakdown, new strains of parvovirus and distemper virus outbreaks, and are reminded that over-vaccinating the 20% benefits the unvaccinated 80% by increasing the environmental protection. We read statements from senior advocacy veterinarians who appear swayed by a handful of public calls and tabloid media, and we find ourselves wondering where the truth lies.*³¹

With this amount of uncertainty, why are so many vets so keen to provide categorical one-sided advice to their clients? Do they think that those of us who are making "*public calls*" for reduced vaccination and 'informed consent' are making this up as we go along? We are simply collating information contained in the international vaccination guidelines and scientific literature – **and wondering why we are having to do this task ourselves**.

It is completely unacceptable that pet owners continue to be coerced into unnecessary, and possibly harmful, vaccination for their pets. Pet owners must be given the opportunity to consider information in the scientific literature, and the WSAVA 2010 guidelines, **i.e. that core vaccines should not be given needlessly "because duration of immunity (DOI) is many years and may be up to the lifetime of the pet"**.³²

Pet owners must be advised that "**...we should aim to reduce the 'vaccine load' on individual animals in order to minimize the potential for adverse reactions to vaccine products**"³³, and that we should "**vaccinate each individual less frequently by only giving non-core vaccines that are necessary for that animal**".³⁴

Crucial advice contained in the Australian Pesticides and Veterinary Medicine Authority's Position Statement on Vaccination Protocols for Dogs and Cats³⁵ must also be effectively relayed to the public, ie:

- *...the aim should be to ensure that all susceptible animals are vaccinated, **rather than that already well-immunised animals are re-vaccinated**.*
- *The APVMA does not support the retention of label statements that direct or imply a universal need for life-long annual revaccinations with core vaccines.*
- *The APVMA is working with vaccine registrants with a view to updating labels.*

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- **...veterinarians should provide pet owners with pertinent, up-to-date information on vaccination best practice to assist in a joint decision as to whether and when to re-vaccinate their pet.**
 - **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 vaccines at whatever interval they (and the client) determine is best for each particular animal. Veterinarians and pet owners are under no obligation to follow revaccination intervals recommended on vaccine labels.**
 - **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.**
 - **Many factors influence the effectiveness of vaccination and the need for re-vaccination...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.)

On the topic of ‘off-label’ use, as noted above, the APVMA has clearly stated:

- **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 vaccines at whatever interval they (and the client) determine is best for each particular animal. Veterinarians and pet owners are under no obligation to follow revaccination intervals recommended on vaccine labels.**³⁶ (My emphasis.)

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 the manufacturers’ ‘recommendations’ conflict with vaccination guidelines and the latest scientific evidence.**

I suspect the motives of people who insinuate that avoiding unnecessary vaccination is going ‘off-label’ and has legal implications. The use of this slightly sinister term seems designed to alarm pet owners who might think they are taking a risk by refusing unnecessary vaccination. This 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”.**³⁷

Swift action must be taken by the APVMA **to remove prescriptive revaccination recommendations from MLV core vaccine product labels.** It must be clearly stated on MLV core vaccines that **an endpoint to duration of immunity has not been demonstrated**, and that a pet owner can choose to have titre testing to confirm a successful vaccination response.

Vaccine product labels should also clearly recommend that the latest vaccination guidelines and relevant scientific literature should be considered by the veterinarian, **and the properly informed pet owner**, before application of core **and** non-core vaccine products to companion animals.

Veterinarians must tell their clients that the Australian Pesticides and Veterinary Medicines Authority has admitted that revaccination recommendations on MLV core vaccines are not evidence-based, and that it “*is working with vaccine registrants with a view to updating labels*”³⁸.

Veterinarians should relay to their clients Professor Michael Day’s simple message about vaccination best practice (refer page 4 of this letter), **and allow their clients to make the final informed decision in the best interests of their own pet**.

Professor Day is coming to Australia to present at the [ASAVA conference in Hobart](#), 16-20 August 2010. This ASAVA conference will focus on immune-mediated and infectious diseases, with Professor Day presenting many of the sessions.

Professor Day will also present a session titled “**Vaccinations issues in 2010: the hot topic of the millennium?**” and, along with Tim Gruffydd-Jones, Professor of Feline Medicine at Bristol University School of Veterinary Science, will lead a “**Discussion Forum on vaccination: ‘We all get a say’**”.

I wonder if the ‘pet owners’ perspective’ will be presented in this session? This is a perspective that has been hereto unjustly ignored in the cosy compromises between the veterinary profession and industry.

I hope that Professor Day’s presence at the ASAVA conference in Hobart will help to provide some enlightenment for the Australian veterinary profession.

It is time for a paradigm shift in the profession, with more emphasis on health and wellness of the individual animal, and benign checks, rather than indiscriminate promotion of veterinary products.

Pet owners who truly care for their pets want to look after them, and those who can afford it will probably continue to bring their pets along for a regular check-up, without the bait of an unnecessary vaccination or other questionable interventions. I suggest most pet owners would be horrified to discover the prevalence of unnecessary interventions. ***After the unacceptable years of delay in addressing the vaccination controversy, the profession needs to act quickly if it wants to maintain the trust of its clients.***

To help ensure the general community is properly informed about vaccination best practice, ***the APVMA should urgently update its Position Statement on Vaccination Protocols for Dogs and Cats, and be more proactive in promoting this information.***

An ***effective*** publicity campaign is required. If it has not already done so, ***the APVMA should also contact each State Veterinary Surgeons’ Board, and formally request that the APVMA’s Position Statement on Vaccination Protocols for Dogs and Cats be onforwarded to every registered veterinarian, with key points highlighted.*** It is obvious that the Australian Veterinary Association has been ineffective in relaying this information, particularly as only around 50% of vets are members of the AVA.³⁹

The WSAVA Vaccination Guidelines Group’s promised vaccination guidelines document for the education of owners and breeders is sorely needed, and I look forward to publication of this document soon. I hope the vaccination advice succinctly summarised in Professor Day’s recent presentation at the WSAVA Congress will be reflected in this document.⁴⁰

I look forward to seeing progress on promotion of companion animal vaccination best practice, and updating vaccine product labelling, in the very near future.

Yours sincerely

Elizabeth Hart

Additional Information: For the record, see below internet links to papers, articles, submissions and open letters I have prepared on the topic of unnecessary, and possibly harmful, vaccination of pets:

- [Is over-vaccination harming our pets? Are vets making our pets sick?](#) (13 April 2009). This detailed and fully-referenced report was tabled at a special meeting convened by the APVMA on 15 April 2009 to discuss the problem of unnecessary vaccination of pets:
- [Over-vaccination of pets – an unethical practice](#) (16 June 2009). This fully-referenced paper is a summary of my 'over-vaccination' report dated 13 April 2009 with additional information:
- [Over-vaccination: Are vets making our pets sick?](#) (June 2009, article published in National Dog in July 2009):
- [Submission to Craig Emerson MP \(17 July 2009\)](#), Minister for Competition Policy and Consumer Affairs, on the Consumer Voices Issues Paper: "Request for consumer protection for consumers of veterinary services in Australia"
- [Results of a random mini-survey](#) of Adelaide veterinary surgeries' vaccination practice for adult dogs (September 2009):
- [The over-vaccination controversy continues](#) (article published in National Dog in December 2009)
- [Open letter to the Australian Pesticides and Veterinary Medicines Authority \(22 December 2009\)](#), Australian Veterinary Association and Australian Small Animal Veterinary Association re over-vaccination of pets / APVMA Position Statement / vaccine product labelling issues
- [Open letter to the Australian Pesticides and Veterinary Medicines Authority \(8 January 2010\)](#), Australian Veterinary Association and Australian Small Animal Veterinary Association re unnecessary vaccination of pets and the APVMA's Position Statement on Vaccination Protocols for Dogs and Cats
- [Open letter to the Australian Pesticides and Veterinary Medicines Authority \(24 January 2010\)](#), Australian Veterinary Association, Australian Small Animal Veterinary Association, and Competition and Consumer Policy Division, The Treasury re unnecessary vaccination of pets and the APVMA's Position Statement on Vaccination Protocols for Dogs and Cats
- [A Submission on the National Scheme](#) for Assessment, Registration and Control of Use of Agricultural and Veterinary Chemicals Discussion Paper in relation to "Unnecessary, and Possibly Harmful, Use of Companion Animal Vaccines" (10 February 2010):
- [Too many needles ! Unnecessary vaccination exposed](#) (February 2010, article published in National Dog in April 2010):
- [Open letter to Mark Lawrie \(May 2010\)](#) (Immediate Past) President of the Australian Veterinary Association re over-servicing in the veterinary profession – unnecessary, and possibly harmful, vaccination of companion animals (6 May 2010, with an update added on pages 3-4 on 23 May 2010):
- [Examples of reports in the Australian media about parvovirus outbreaks](#) during the period December 2009 - July 2010
- [Letter to the Editor submitted to veterinary industry magazine, The Veterinarian:](#) 'A pet owner's perspective of the vaccination controversy' (7 June 2010):

- [Open letter to Allen Bryce \(17 June 2010\)](#), Program Manager, Veterinary Medicines, Australian Pesticides and Veterinary Medicines Authority re unnecessary, and possibly harmful vaccination of companion animals, and the APVMA's Position Statement on Vaccination Protocols for Dogs and Cats
- [Letter to Tony Burke MP \(17 June 2010\)](#), Federal Minister responsible for the Australian Pesticides and Veterinary Medicines Authority, re unnecessary, and possibly harmful, vaccination of companion animals, and the APVMA's Position Statement on Vaccination Protocols for Dogs and Cats (17 June 2010):
- [Response to Allen Bryce \(23 June 2010\)](#), Program Manager, Veterinary Medicines, Australian Pesticides and Veterinary Medicines Authority re unnecessary, and possibly harmful, vaccination of companion animals, and the APVMA's Position Statement on Vaccination Protocols for Dogs and Cats
- [Letter to Craig Emerson MP \(4 July 2010\)](#), Federal Minister for Competition Policy and Consumer Affairs re submission on the Consumer Voices Issues Paper: "Request for consumer protection for consumers of veterinary services in Australia"
- [Important Information for Dog Owners – Vaccination Update July 2010](#) (an earlier version of this article was also published in *National Dog* Volume 13, No. 6)

Endnotes:

Note: If internet links do not work, try pasting the link in a web browser address bar, or otherwise search for the document by name in a web search engine.

¹ The Virbac website recommends annual vaccination for parvovirus. I am unable to post a working link to this site. To access information, go to the Virbac website, then select "Dog and Cat", then select "Vaccination:" and then select "Vaccination Efficacy"

² Veterinary Surgeons Board of South Australia – [Code of Practice of the Operation of Board Establishments, 3.12:](#)

³ For example, in my email dated 17 June 2010 to Sue Millbank, Registrar of the VSB SA I asked "**Can you please advise why the VSB's recommendations have not been amended in accordance with the latest international dog and cat vaccination guidelines, and information on long duration of immunity in the scientific literature?**"

⁴ Email received from Sue Millbank, Registrar of the VSB of SA, 4 August 2010.

⁵ Day, M.J. [How I Vaccinate an Animal with Previous History of Adverse Reaction](#). 35th World Small Animal Veterinary Association 2010 WSAVA Congress, Geneva, June 2-5 2010.

⁶ *Ibid.*

⁷ The [WSAVA 2010 guidelines](#) note that "even in developed countries it is estimated that only 30–50% of the pet animal population is vaccinated, and this is significantly less in developing nations.": Day M.J., Horzinek, M.C., Schultz, R.D. World Small Animal Veterinary Association (WSAVA) Guidelines for the Vaccination of Dogs and Cats. *Journal of Small Animal Practice*. Volume 51 Issue 6 (June 2010). (p 338-356). Direct link to the WSAVA 2010 Guidelines and Fact Sheets.

⁸ For example, [Protech C3](#) recommends final puppy vaccination at 10 weeks.

⁹ [WSAVA 2010 guidelines](#)

¹⁰ [WSAVA 2010 guidelines](#)

¹¹ Seavers, Aine. Three-year vaccination intervals: a different view from the parvo trenches of practice-land. *The Veterinarian*, April 2010.

¹² *Ibid.*

¹³ Email to Mark Lawrie dated 23 May 2010.

¹⁴ Seavers, Aine. Three-year vaccination intervals: a different view from the parvo trenches of practice-land. *The Veterinarian*, April 2010.

¹⁵ Contribution of the Pet Care Industry to the Australian Economy – 7th Edition:

http://www.acac.org.au/ACAC_Report_2010/ACAC_Report_2010_p7_10.pdf

¹⁶ Seavers, Aine. Three-year vaccination intervals: a different view from the parvo trenches of practice-land. *The Veterinarian*, April 2010.

¹⁷ [The Veterinarian – "About us"](#)

¹⁸ *Ibid.*

¹⁹ The Virbac website recommends annual vaccination for parvovirus. I am unable to post a working link to this site. To access information, go to the Virbac website, then select "Dog and Cat", then select "Vaccination:" and then select "Vaccination Efficacy".

²⁰ The needle and the damage done? *The Veterinarian*. September 2000.

- ²¹ Important Information for Dog Owners – Vaccination Update July 2010. National Dog. Volume 13, No. 6, pp. 22-23.
- ²² Seavers, A. CANINE 3-year Vaccination Intervals: 'Questions – I have a few!' Control and Therapy Series 259 June 2010.
- ²³ Abraham, S. The importance of general practice. The Australian Veterinary Journal, Volume 88, No 8, August 2010, p. N25.
- ²⁴ Day, M.J. Ageing, immunosenescence and inflammaging in the dog and cat. J Comp Pathol. Jan. 2010. 142 Suppl 1:S60-9.
- ²⁵ [WSAVA 2010 guidelines](#)
- ²⁶ *Ibid.*
- ²⁷ Information contained in a letter of complaint addressed to Mark Lawrie (Immediate Past President) of the AVA, 27 May 2010.
- ²⁸ Email correspondence from Sally, 22 June 2010.
- ²⁹ Email correspondence from Sally, 8 July 2010.
- ³⁰ *Ibid.*
- ³¹ Abraham, S. The importance of general practice. The Australian Veterinary Journal, Volume 88, No 8, August 2010, p. N25.
- ³² [WSAVA 2010 guidelines](#).
- ³³ *Ibid.*
- ³⁴ *Ibid.*
- ³⁵ [APVMA's Position Statement on Vaccination Protocols for Dogs and Cats](#). Published 21 January 2010, revised 25 January 2010.
- ³⁶ *Ibid.*
- ³⁷ *Ibid.*
- ³⁸ *Ibid.*
- ³⁹ As advised in email correspondence from Marcia Balzer, National Communications Manager, Australian Veterinary Association, 27 May 2009.
- ⁴⁰ WSAVA Vaccination Guidelines Group – Introduction: <http://www.wsava.org/VGG1.htm>