THE OVER-VACCINATION CONTROVERSY CONTINUES...

Disclaimer: The purpose of this article is to challenge unnecessary revaccination of dogs with so-called “annual” and “triennial” vaccines for canine parvovirus, distemper virus and adenovirus. Concerned pet owners are encouraged to do their own research on this topic to support any decisions regarding revaccinating their pets.

Unnecessary revaccination of dogs for parvovirus, distemper virus and adenovirus is a serious problem in countries such as Australia, the United Kingdom and the United States, resulting in needless risk to animals, and exploitation of pet owners on a massive scale.

The following dot points summarise the main issues:

• International dog and cat vaccination guidelines have been revised by many veterinary organisations in Australia for many years. Until recently, the need for a vaccine revaccination was “accepted practice” in Australia. It appears in most cases information contained in the international guidelines was not relayed to pet owners for their consideration. In this regard, “informed consent” was not obtained from pet owners before vaccination of their pets.

• The most recent international guidelines, the World Small Animal Veterinary Association (WSAVA) Guidelines for the Vaccination of Dogs and Cats (version 2007) advise that: “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.”

• The WSAVA guidelines note that “dogs that have responded to vaccination with MLV core vaccines maintain a solid immunity (immunological memory) for many years in the absence of any revaccination”. The WSAVA guidelines advise that duration of immunity after vaccination with MLV vaccines for parvovirus, distemper virus and adenovirus is at least seven years, based on challenge and serological studies.

• Earlier guidelines issued by the American Animal Hospital Association (AAHA) Canine Vaccine Task Force in 2003 note MLV vaccines are likely to provide lifelong immunity, stating “when MLV vaccines are used to immunize a dog, memory cells develop and likely persist for the life of the animal”.

• If these vaccines have been shown to provide long duration of immunity, probably lifelong, why do so many veterinarians in Australia, Britain and the United States continue to insist that pet owners have their dogs unnecessarily revaccinated annually or triennially? Why does information on long duration of immunity and possible adverse reactions continue to be withheld from pet owners?

• The WSAVA guidelines warn “we should aim to reduce the ‘vaccine load’ on individual animals in order to minimise the potential for adverse reactions to vaccine products”.

• The WSAVA guidelines acknowledge “that there is growing awareness of vaccine-associated adverse events which impedes knowledge of the ongoing safety of these products”.

• Due to inadequate research and lack of effective community surveillance, the full range of possible immediate and delayed adverse reactions to vaccination are unknown.

• Many breeds of dogs may be more vulnerable to adverse reaction. For example, recent studies warn that small-breed dogs in particular are at greater risk of adverse reaction with multivalent vaccines.

• It is unknown what potentially damaging effects frequent revaccination might incur over the life of an animal. Bioethicist Bernard Rollin warns there is increasing evidence that over-vaccination can actually be conducive to disease development, not only as a consequence of immunological stress, but also more directly. For example, frequent vaccination has been implicated in the development of autoimmune haemolytic anaemia in dogs and injection site sarcomas in cats, both of which can be fatal.

• After an inexcusable delay, the Australian Veterinary Association (AVA) has finally adopted a triennial vaccination policy which ambiguously notes “that in most cases, core vaccines need not be administered any more frequently than triennially, and that every three years is considered appropriate if an individual animal’s circumstances warrant it…”

• Ambiguity surrounds the reference to “triennial revaccination”. The WSAVA guidelines recommend that “core vaccines should be administered no more frequently than every three years…” The WSAVA guidelines do not actually recommend revaccination “every three years”. The 2006 AAHA canine vaccine guidelines recommend revaccination “every three years or longer”. Given that the WSAVA guidelines advise that “dogs that have responded to vaccination with MLV core vaccines maintain a solid immunity (immunological memory) for many years in the absence of any repeat vaccination”, and that duration of immunity after vaccination with MLV vaccines for parvovirus, distemper virus and adenovirus is at least seven years, based on challenge and serological studies, the reference to “every three years” in the Australian and international vaccination guidelines is confusing and illogical and requires clarification.

• Pet owners need to be aware that the reference to “every three years” is the result of a compromise within the international veterinary industry, a compromise which was agreed without any meaningful discussion with pet owners. There is no scientific evidence that regular revaccination of adult dogs with MLV vaccines for parvovirus, distemper virus or adenovirus vaccines is necessary or indicated.

• The veterinary profession, vaccine manufacturers and the government regulator benefit financially from ongoing vaccination of pets. Has this vested interest impeded adoption of vaccination guidelines which would significantly reduce unnecessary vaccination of pets?

Background information:

Elizabeth Hart’s interest in the problem of over-vaccination of pets was initiated after her own dog, Sasha, an eight year old Maltese x Silky terrier, was diagnosed with haemorrhagic gastroenteritis (i.e. “bloody diarrhea”) a week after her last booster revaccination, and was subsequently put to sleep. The veterinarian was unable to provide an explanation for Sasha’s illness, but refused to consider it could have been a delayed adverse reaction to revaccination. Haemorrhagic gastroenteritis is a mysterious disease, the cause of which appears to be unknown. One source suggests “the most likely cause seems to be an abnormal immune response”.

Elizabeth is a Research Officer, with a degree majoring in politics and philosophy. This background has assisted her in researching and lobbying on this subject. The ethical aspects are of particular interest to her.

She is working with other concerned pet owners, Bea Mies and Pat Styles, who have also been campaigning on this issue since they strongly suspect their dogs were also adversely affected by unnecessary vaccination.

Elizabeth submitted a detailed report titled: Is over-vaccination harming our pets? Are vets making our pets sick? to the Australian Pesticides and Veterinary Medicines Authority in April 2009, to be tabled at a special meeting convened to discuss the problem of over-vaccination of pets. Her report and a subsequent paper, Over-vaccination of pets – an unethical practice, were also circulated to the Australian Veterinary Association, 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.

Her article Over-vaccination: Are vets making our pets sick? was published in the July 2009 edition of National Dog.

The media has reported on the over-vaccination problem, e.g. in an article published in the Sydney Morning Herald on 1 August 2009 titled: Vets dogged by criticism over vaccinations. The ABC also picked up this story on 6 August 2009 with an article titled: Pet owners dogged by ‘unnecessary’ vaccinations.

The Australian Veterinary Association’s new dog and cat vaccination policy was ratified by the AVA Board on 26 June 2009, and publicly announced in a media release on 12 August 2009. It is available on the AVA’s website.

The WSAVA dog and cat vaccination guidelines are available on the WSAVA website. Updated guidelines are expected to be published early in 2010.

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