For the attention of:  20 August 2013

Dr Ronald Schultz,
Professor and Chair, Department of Pathobiological Sciences,
University of Wisconsin-Madison; and
Member of the World Small Animal Veterinary Association's (WSAVA)
Vaccination Guidelines Group; and
Member of the American Animal Hospital Association's (AAHA)
Canine Vaccination Task Force

Professor Schultz

RE: CONFUSING AND MISLEADING USE OF THE TERM ‘BOOSTER’

I am contacting you in your capacity as an expert in canine immunology and vaccination, and as a member of the World Small Animal Veterinary Association’s (WSAVA) Vaccination Guidelines Group, and member of the American Animal Hospital Association’s (AAHA) Canine Vaccination Task Force.

The use of the term ‘booster’ in relation to canine core modified live virus (MLV) vaccines for parvovirus, distemper virus and adenovirus in vaccination guidelines issued by the WSAVA Vaccination Guidelines Group, (in the Journal of Small Animal Practice and on the WSAVA website), is confusing and misleading. The term ‘booster’ is also being used on canine core MLV vaccine product labels.

I suggest use of this inappropriate term is resulting in extensive unnecessary over-vaccination of already immune dogs.

In the interests of ensuring that pet owners are properly informed about vaccination best practice, I request that use of the inappropriate term ‘booster’ be clearly addressed and rectified by the WSAVA Vaccination Guidelines Group, and that WSAVA vaccination guidelines be amended accordingly, providing clear and concise vaccination guidelines for pet owners.

For example, the WSAVA 2010 vaccination guidelines recommend: “All dogs should receive a first booster 12 months after completion of the primary vaccination course.” (My emphasis.)

The WSAVA Guidelines for New Puppy Owners (2013), also continue to use the term ‘booster’ in relation to MLV vaccines, e.g. Point 4: “All dogs should receive a first booster for core vaccines 12 months after completion of the primary vaccination course. The 12 month booster will ensure immunity for dogs that may not have adequately responded to the puppy vaccinations.” (My emphasis.) (The use of the word ‘adequately’ is superfluous here – either they’ve responded to the puppy vaccinations or they haven’t.)

However, the WSAVA 2010 guidelines contradict their own use of the term ‘booster’, i.e: “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.)

The WSAVA 2010 guidelines also say: “An adult dog that had received a complete course of core vaccinations as a puppy followed by the 12 month booster, but may not have been regularly vaccinated as an adult, requires only a single dose of core vaccine to boost immunity.” (My emphasis.) This is a striking example of the lack of clarity in the WSAVA 2010 guidelines. If a puppy has been vaccinated with effective core MLV vaccines at the appropriate time (i.e. after maternally derived antibodies [MDA] have waned), there is no need for a “12 month booster”, or a further “single dose of core vaccine to boost immunity”.

The WSAVA 2010 guidelines note: “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.”

The WSAVA 2013 guidelines state: “A high percentage (98%) of core puppy vaccines given between 14-16 weeks of age will provide immunity against parvovirus, distemper and adenovirus for many years, and probably for the life of the animal.”
Professor Schultz, in your paper “Age and Long-term Protective Immunity In Dogs and Cats” you state: “Only one dose of the modified-live canine ‘core’ vaccine (against CDV, CAV-2 and CPV-2)…when administered at 16 weeks or older, will provide long lasting (many years to a lifetime) immunity in a very high percentage of animals.” (My emphasis.)

Your colleague, Professor Michael Day, is also on the record with his statement: “...in reality, a dog that is appropriately immunized as a pup probably never requires another core vaccine during its lifetime.”

The WSAAVA 2013 guidelines acknowledge: “If the dog is already immune to these three core diseases, revaccinating will not add any extra immunity.”

The WSAAVA 2010 guidelines admit that “the repeated injections given to pups in their first year of life do not constitute boosters”. I suggest it is inappropriate and misleading to use the term ‘boost’ or ‘booster’ in relation to canine core MLV vaccines.

Professor Schultz, on the subject of titre testing, your paper “Age and Long-term Protective Immunity in Dogs and Cats” notes “in actively immunized pups (either following natural or vaccine-induced immunizations) 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...” (My emphasis.)

The WSAAVA 2010 guidelines acknowledge “…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’.” (Again, note the inappropriate use of the term ‘booster’ here.)

Professor Day has stated: “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.”

The WSAAVA 2013 guidelines note: “The presence of circulating antibodies indicates that the dog is immune, and revaccination (with core vaccines) is not required. You may decide to titre test before giving the 12 month booster, as this may show that boosting is unnecessary. Two new in-practice titre-testing kits are now available which will allow your vet to do a titre test very quickly, without sending the blood sample to a laboratory.” (Note here again there is inappropriate reference to ‘booster’ and ‘boosting’.)

Professor Schultz, I suspect that many pet owners are still not being informed that there is no evidence to support revaccination of already immune animals with so-called ‘booster’ shots, nor that there is the option of titre testing to verify a response to core MLV vaccination.

This is especially concerning in light of the WSAAVA 2010 guidelines warning “that we should aim to reduce the ‘vaccine load’ on individual animals in order to minimize the potential for adverse reactions to vaccine products”, and the WSAAVA 2013 guidelines advice that “It is important to give as few vaccines as possible...” and “…any reaction to a vaccine that is not needed is unacceptable”.

Professor Schultz, there are serious flaws in the WSAAVA guidelines 2010 and 2013 which must be rectified. In addition, the 2011 AAHA Canine Vaccination Guidelines should also be subjected to review.

I request your urgent response on this matter to my email address: eliz.hart25@gmail.com

Sincerely
Elizabeth Hart

Further background on over-vaccination of pets is accessible on my webpage: Over-vaccination of pets – an unethical practice on my website http://over-vaccination.net/

Also refer to my colleague Bea Mies’ critique of the WSAVA VGG Vaccination Guidelines for Owners and Breeders of Dogs and Cats forwarded to WSAVA in February 2012.
cc:
- Professor Michael Day, Chairperson, WSAVA Vaccination Guidelines Group
- Professor Emeritus Marian Horzinek, previous member of the WSAVA Vaccination Guidelines Group
- Professor Jolle Kirpensteijn, EB Liaison, WSAVA Vaccination Guidelines Committee
- Professor Hajime Tsujimoto, WSAVA Vaccination Guidelines Group
- Professor Richard Squires, WSAVA Vaccination Guidelines Group
- Professor Emeritus Richard Ford, member of the AAHA Canine Vaccination Guidelines Task Force
- Dr Carmel Mooney, Editor of the Journal of Small Animal Practice
- Dr Anna-Maria Brady, Head of Biologicals and Administration, Veterinary Medicines Directorate
- Dr Allen Bryce, Executive Director, Veterinary Medicines, Australian Pesticides and Veterinary Medicines Authority
- Dr Rick E. Hill, Director, Center for Veterinary Biologics, US Department of Agriculture
- Professor Brian Martin, Social Sciences, University of Wollongong
- Bea Mies, independent advocate for judicial vaccine use

*Please note this letter will be circulated to other parties.

References: