

Too many needles!

Unnecessary vaccination exposed

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Previous articles on this topic were published in National Dog in July 2009 and December 2009. Concerned pet owners are encouraged to do their own research to support any decisions regarding revaccinating their pets.

The latest scientific evidence indicates that most dogs are likely to be protected from viral diseases such as parvovirus, distemper virus and adenovirus (hepatitis) after the final puppy core vaccination at 16 weeks. **No further revaccination is likely to be required for these diseases, although pet owners can seek serological testing if they wish to verify their dog's antibody status.**

This simple message is still not being relayed to pet owners. Veterinarians in countries such as Australia, Britain and the United States continue to mislead pet owners with ill-founded advice, insisting they have their pets revaccinated 'annually' or 'triennially' with core vaccines when there is no evidence to support this practice.

In Australia, the Australian Veterinary Association (AVA), the Australian Pesticides and Veterinary Medicines Authority (APVMA), and State Veterinary Surgeons' Boards, have ignored advances in scientific knowledge, and evidence-based companion animal vaccination 'best practice' for many years.

An illustration of the delay taken to update vaccination practice in Australia is provided by a special feature discussing the side-effects of companion animal vaccination, which was published in the Australian veterinary magazine *The Veterinarian* in 2000, i.e. **ten years ago**.

The article, titled "**The needle and the damage done**", reported that the Australian Veterinary Association and Australian Small Animal Veterinary Association had adopted a policy of "wait and see" on vaccination practice.

After nearly ten years of 'waiting and seeing', the AVA finally announced its new 'triennial' dog and cat vaccination policy in August 2009, after negative publicity about unnecessary revaccination of dogs in the Sydney Morning Herald and on the ABC. The AVA finally caught up on vaccination practice that had been adopted in the United States in 2003.

It took **nearly seven years** for the AVA to act, and that was only after a small group of persistent pet owners demanded the AVA address the problem.

During all the years of inaction, pet owners have continued to be urged to pay for unnecessary revaccinations and, most importantly, countless animals have been subjected to unnecessary and possibly harmful revaccinations.

Despite the AVA's new reduced vaccination policy, **annual** revaccination remains common practice in Australia. Recent articles in local newspapers in Western Australia, South Australia, Queensland and New South Wales quote veterinarians who continue to urge pet owners to have **annual** parvovirus revaccinations for their pets, even if their pets have already been vaccinated. Veterinarians use the threat of 'deadly parvovirus' as the hook to lure pet owners back to their surgeries.

The veterinary community has known for years that dogs that have already responded to vaccination with core vaccines are likely to have lifelong protection - repeated 'annual' **or** 'triennial' revaccination is **not** necessary.

The World Small Animal Veterinary Association's (WSAVA) Guidelines for Vaccination of Dogs and Cats (launched in Australia in 2007) explain that "dogs that have responded to vaccination with MLV (modified live virus) core vaccines maintain a solid immunity (immunological memory) for many years in the absence of any repeat vaccination". The WSAVA guidelines Fact Sheets note that duration of immunity after vaccination with these vaccines has been demonstrated to be **at least seven years**, based on challenge and serological studies.

The WSAVA guidelines recommend that "we should aim to vaccinate every animal, **and to vaccinate each individual less frequently**".

The WSAVA guidelines also warn that "core vaccines should not be given any more frequently than every three years..." The guidelines **do not actually recommend** revaccination "every three years".

(Note: The ambiguous reference to "every three years" refers to an earlier arbitrary triennial revaccination compromise, probably to placate veterinarians. This compromise was not based on scientific evidence of a proven need for triennial revaccination.)

Earlier vaccination guidelines, issued by the American Animal Hospital Association (AAHA) Canine Vaccine Task Force in the United States in 2003, admit that "there is no scientific basis for the recommendation to revaccinate dogs annually", stating "when MLV vaccines are used to immunise a dog, memory cells develop and likely persist for the life of the animal". There is also no scientific evidence to support revaccinating dogs triennially.

A presentation during the 5th International Veterinary Vaccines and Diagnostics Conference, convened in the United States in July 2009, reiterated that: "**a single dose of MLV canine**

core vaccine (for parvovirus, distemper virus and adenovirus) administered at 16 weeks of age or older will provide life long immunity in a very high percentage of dogs..."

As well as long duration of immunity, the risk of adverse reaction to vaccine products has also been well known in the veterinary community. For example, the WSAVA guidelines warn that "vaccines should not be given needlessly...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 also admit that "**there is gross under-reporting of adverse events which impedes knowledge of the ongoing safety of these products**".

Ronald Schultz, a member of the WSAVA Vaccination Guidelines Group, advises that "adverse reactions can range from mild, self-limiting illness to chronic disease or death".

Veterinary expert Richard Ford notes that "delayed-onset (days-weeks-months) adverse events are much less likely to be recognised, reported and studied."

Schultz also says "there is a reluctance to report reactions, even those that lead to the death of an animal".

Schultz warns that "vaccines are medical products that should only be given if needed and only as often as necessary to provide protection from diseases that are a risk to the health of the animal. If a vaccine that is not necessary causes an adverse reaction that would be considered an unacceptable medical procedure, thus use only those vaccines that are needed and use them only as often as needed".

Michael Day, also a member of the WSAVA Vaccination Guidelines Group, has admitted the cumulative effects and consequences of repeated vaccination are unknown, saying that **few "investigations have studied the phenomenon of 'inflammaging' (the effect of cumulative antigenic exposure and onset of late life inflammatory disease)"** in dogs and cats.

A paper titled "Chronic immune activation and inflammation as the cause of malignancy", published in the British Journal of Cancer in 2001, suggests long-term over-activation of the immune system may be a major cause of cancer.

Cancer is reported as being the single biggest cause of death in dogs over two years old. According to information from Texas A&M University, dogs and cats have a higher incidence of many tumors than do humans. Dogs have 35 times as much skin cancer, 4 times as many breast tumors, 8 times as much bone cancer, and twice as high an incidence of leukemia as do humans.

Could unnecessary vaccination, with its 'long-term over-activation of the immune system' be causing a variety of cancers in dogs over the long term? This possibility is another important reason to immediately cease unnecessary revaccination of animals.

Given the scientific evidence on long duration of immunity, and the risk of adverse reactions and

long term health problems with vaccination, this raises important questions:

■ *Why has annual vaccination with core vaccines continued to be 'accepted practice' in the veterinary profession for so many years?*

■ *Why is annual vaccination still being promoted by veterinarians in the Australian media?*

■ *Is it ethical for veterinarians to continue to urge their clients to have their pets revaccinated annually or triennially, when this possibly harmful intervention has not been proven to be necessary, and carries the risk of adverse reaction or longer term health problems?*

■ The WSAVA Guidelines advise that "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 vaccine booster on the basis that this should be 'safe and cost less'". *Why aren't pet owners being offered the opportunity to have serological testing to verify their dog's antibody status after puppy vaccination, rather than being pressured to have unnecessary 'annual' and 'triennial' boosters?*

■ In its recently published Position Statement on Vaccination Protocols for Dogs and Cats, the Australian Pesticides and Veterinary Medicines Authority acknowledges that **"the aim should be to ensure that all susceptible animals are vaccinated, rather than that already well-immunised animals are re-vaccinated"**.

Why are veterinarians continuing to urge their clients to have 'well-immunised animals' revaccinated?

The *Veterinarian* article "The needle and the damage done", published in 2000, gives us an answer to this question when it reports that vaccination has "become the backbone of small animal practice".

Veterinarians have a conflict of interest in that they gain a financial benefit from urging pet owners to (unnecessarily) revaccinate their pets against viral diseases such as parvovirus.

A vaccine industry newsletter, published in 2005, illustrates this fact, reporting that **89% of veterinarians surveyed indicated that dog and cat vaccinations were the number one contributor to practice turnover, and that 91% of veterinarians felt that a change from annual vaccination would have an adverse effect on their practice turnover.** The newsletter concluded: "Annual vaccination appears to be an important source of income for many veterinarians".

So, it appears unnecessary annual and triennial revaccination is for vets' financial benefit rather than pets' health and wellbeing...

For years the veterinary profession has exploited and abused the trust of pet owners. Most importantly, the veterinary profession has subjected pets to unnecessary and possibly harmful revaccinations.

Why have veterinarians been able to get away with this? **Because the veterinary profession is 'self-regulated' and accountable to no-one. There is no effective consumer watchdog over-seeing this 'profession'.**

Even the Federal Government regulator, the Australian Pesticides and Veterinary Medicines Authority has been complicit in maintaining the practice of unnecessary vaccination of pets.

Despite the lack of scientific evidence to support repeated vaccination, the APVMA has allowed on the market MLV canine vaccine products, with 'annual' and 'triennial' revaccination recommendations which have not been proven to be necessary, and with inadequate warnings about possible side effects and long term health consequences.

Pet owners are still not being clearly informed that canine MLV vaccines have been demonstrated to provide long duration of immunity, regardless of the manufacturers' unproven 'annual' or 'triennial' revaccination recommendations.

The 2006 AAHA canine vaccine guidelines advise that vaccines produced by the major biologics manufacturers against parvovirus, distemper virus and adenovirus **all** produce excellent immune responses, and can be soundly and reliably administered at the discretion of the clinician in extended duration of immunity protocols. It is not necessary to use a designated 'three year vaccine' and it has not been proven necessary to revaccinate 'every three years'.

Nevertheless, many veterinarians have used, **and continue to use**, the excuse that they have to follow vaccine product label revaccination recommendations.

This is not true. The APVMA's Position Statement on Vaccination Protocols for Dogs and Cats states that "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". The APVMA's Position Statement also publicly confirms that "veterinarians and pet owners are under no obligation to follow revaccination intervals recommended on vaccine labels...**veterinarians may therefore use vaccines at whatever interval they (and their client) determine is best for each particular animal**".

The APVMA has also finally admitted its failings in this area, saying it "does not support the retention of label statements that direct or imply a universal need for life-long annual revaccinations with core vaccines."

However, the APVMA contradicted this sentiment recently when it endorsed triennial revaccination in a joint media statement with the AVA, even though the APVMA knows very well that triennial revaccination has not been proven to be necessary.

The joint media statement was in response to an article in the *Courier Mail* on 5 February 2010, headlined "Too many needles for pets", which reported that "hundreds of thousands of cats and dogs are being over-medicated with unnecessary annual vaccinations".

As well as endorsing triennial revaccination, the AVA's and APVMA's joint media statement also ironically complained that the *Courier Mail* article "did not give an accurate picture", although another statement on the APVMA's website

admitted that the *Courier Mail* article **"was broadly correct..."**

It is alarming that the APVMA, which is a government authority, accountable to the public, is aligning itself so closely with a voluntary association of veterinarians which has reneged on its professional responsibilities, and has allowed the public to be misled about companion animal vaccination practice for many years.

State Veterinary Surgeons' Boards have also turned a blind eye to unnecessary revaccination. Indeed, the State Veterinary Surgeons' Board of South Australia continues to brazenly endorse **annual** revaccination in its 'strong recommendation' that boarding kennels require proof of vaccination of dogs against distemper, hepatitis (adenovirus) and parvovirus **within the preceding 12 months** of admission. (This recommendation remains in place as at 15 February 2010, five months after the announcement of the AVA's new reduced dog and cat vaccination policy).

The AVA is also making recommendations to boarding kennels that unjustifiably demand repeated revaccination of pets with core vaccines. In its advice on "Pet care businesses and the vaccination policy", the AVA **strongly recommends** that boarding kennels demand proof of annual or triennial boosters. This means that dogs that have already responded to vaccination will continue to be unnecessarily revaccinated, and needlessly put at risk of adverse reactions and other health problems if their owners need to board them at kennels.

Who will be responsible if these dogs suffer an adverse reaction or long term health problem due to unnecessary vaccination?

(Note: Non-core vaccination for diseases such as *Bordetella bronchiseptica* may still be necessary in boarding kennels, although these vaccines have risks too. Refer to the WSAVA guidelines for more information.)

The self-appointed authority of veterinarians who dictate that pet owners have their pets revaccinated without scientific foundation must be challenged. Veterinarians do **not** have a mandate to dictate vaccination practice to their clients.

For too many years, the public has received a biased and non-evidence based view of vaccination of pets. It is way past time that pet owners were provided with critical information on vaccination 'best practice'.

Judging by past efforts, the veterinary profession cannot be trusted with this task.

It is up to government regulators to take leadership on this issue, on an integrated international basis, to ensure that vaccination practice is evidence-based, and the public properly informed.

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*Contact Elizabeth Hart at elizmhart@gmail.com if you would like copies of her fully-referenced papers, which are freely available to any interested parties.

