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### **What Everyone Needs to Know About Canine Vaccines and Vaccination Programs**

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For many veterinary practitioners, canine vaccination programs have been "practice management tools" rather than medical procedures. Thus, it is not surprising that attempts to change the vaccines and vaccination programs based on scientific information have created great controversy and unique methods of resistance to the proposed changes have been and are being developed. For some practitioners the issues are not duration of immunity for the vaccines, nor which vaccines are needed for the pet, instead is it felt that every licensed vaccine should be given to every pet on an annual or more often basis. Ironically this is fostered by the fact that multivalent products with 7 or more vaccine components can be purchased for the same price or less than a product with one or two vaccine components. A "more is better" philosophy prevails, with regard to pet vaccines. On many occasions practitioners say that "I know many of the vaccines I administer probably aren't needed but it won't hurt to give them and who knows, the animal may need them some time during their life because of unknown risk."

I have also been told by many practitioners that "I believe the duration of immunity for some vaccines like distemper, parvovirus and hepatitis is many years, but until I find another way to get the client into my office on a regular basis I'm going to keep recommending vaccines annually." Annual vaccination has been and remains the single most important reason why most pet owners bring their pets for an annual or more often "wellness visit." The importance of these visits for the health of the pet is exceptional. Therefore, dog owners must understand the vaccines are not the reason why their dog needs an annual wellness visit. Another reason for the reluctance to change current vaccination programs is many practitioners really don't understand the principles of vaccinal immunity. A significant number of practitioners believe:

- 1) The annual vaccination recommendation on the vaccine label is evidence the product provides immunity for (only) one year. - Not True
- 2) That they are legally required to vaccinate annually and if they don't they will not be covered by AVMA liability insurance if the animal develops a



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vaccine preventable disease - Not True. Furthermore, certain companies will not provide assistance if practitioners don't vaccinate annually with core vaccines. Not True - In fact most of the companies have now demonstrated their core products provide at least 3 years of immunity.

3) That not revaccinating will cause the animal to become susceptible soon (days or a few weeks) after the one year. - Not True

4) If the animal is not revaccinated at or before one year the "whole vaccination program needs to be started again" - Not True

5) If they don't continue to revaccinate annually, diseases like canine distemper, canine parvovirus and infectious canine hepatitis (CAS-1) will "reappear and cause widespread disease similar to what was seen prior to the development of vaccines for these diseases." - Not True

6) That if the revaccination "doesn't help, it won't hurt." - Not True

7) That giving a vaccine annually that has a duration of immunity of 3 or more years provides much better immunity than if the product is given only once during the three years. - Not True. In fact, there are regional/state rabies programs that suggest annual rabies vaccination programs provide better protection than revaccination once every three years, regardless of whether a 1 year or 3 year rabies product is used. - Not True

8) That parvovirus vaccines only provide six months of immunity, thus they must give them semiannually and the CPV-2 vaccines need to be given with coronavirus vaccine to prevent enteritis. -- Not True

9) "It's much cheaper to revaccinate the pet annually than it is to treat the disease the animal will develop because it didn't get revaccinated annually." The "better safe than sorry" philosophy. Not True. It is less expensive to prevent disease. However, if the core vaccines are given as a puppy and again at a year of age, then annual vaccination is not needed. Furthermore, if a vaccine is given that is not needed and it causes an adverse reaction, that is unacceptable and very expensive.

10) They need to revaccinate all new dogs/cats coming to their clinic irrespective of vaccination history even when vaccination records are available from another clinic. Presumably the "other clinic" used the wrong vaccine or didn't know how to vaccinate. - Not True



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11) Dogs need to be revaccinated annually up to 5 to 7 years of age, then and only then would vaccination every three years be okay - Not True

12) Surgical procedures, including anesthesia, are immunosuppressive thus dogs should be vaccinated prior to or shortly after surgery. - Not True

13) Because boarding kennels require annual or more often (kennel cough every 3 to 6 months) vaccination, practitioners must continue vaccinating annually with all vaccines. - Not True - help change the kennel rules through education and just use the vaccines that need to be given. (e.g., Kennel Cough.)

Note: There are kennels that require every licensed vaccine and the vaccines must have been given within 1 year or less prior to admission - help change these rules! Those kennels that are members of the American Kennel Association should be following the AAHA Guidelines, but many kennels do not belong to this Association

It will be necessary to correct many of these and additional misunderstandings by providing education to veterinary practitioners, kennel owners and pet owners before significant changes in vaccination programs can or will occur to reduce the over-vaccination of both cats and dogs. However it is equally important that we don't, in our efforts to prevent over-vaccination, fail to vaccinate often enough, fail to vaccinate all or as many pups with the core vaccines, fail to use products that are necessary, or to use products that don't provide protection in our pets.

I believe every practitioner, kennel owner and dog owner should know the following general information about canine vaccines and vaccination programs. What vaccines are needed for all puppies? I do mean all pups, as we only vaccinate 50% of dogs. If we could increase this percentage to 75% we would be able to eliminate many of the diseases prevented by core vaccines.

The "core vaccines," those that every pup should receive and identified as core by most canine vaccine experts in the United States, include: 1) Canine Parvovirus type 2(CPV-2), 2) Canine Distemper Virus (CDV), 3) Canine Adenovirus type 2(CAV-2), 4) Rabies Virus (RV).

When do the core vaccines need to be given? As a minimum, puppies



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should be given at least one dose at 16 weeks of age or older. Preferably, they should be given three or more times starting at 6 to 9 weeks, then at an interval of 2 to 4 weeks with revaccination at 9 to 12 weeks, then again at 14 to 16 weeks. It is critical that the last dose be given at 14 to 16 or more weeks of age. It is important not to give them earlier than 6 weeks unless there is a significant risk of a specific disease. Then give the vaccine for the disease you want to prevent (e.g., CPV-2). Never vaccinate a pup less than 4 weeks of age. The most effective canine core products currently include modified live and recombinant vaccines alone or in combination. The combination products with CPV-2, CDV and CAV-2 currently often include canine parainfluenza (CPI) virus. New "core only" products have been and are being developed that don't have CPI. However, the CPI will not cause a problem if and when used as a parenteral 5 way combination product.

After the puppy series is completed, revaccination is recommended again at one year of age or one year after the last puppy vaccination. Rabies must be given again at 1 year, then every 3 years, whereas, the other core vaccines need not be given again for at least 3 or more years. There is no benefit from annual rabies vaccination and most one year rabies products are similar or identical to the 3 year products with regard to duration of immunity and effectiveness.

However, if they are 1 year rabies vaccines they must be legally given annually! Rabies vaccine is the only canine vaccine requiring a minimum duration of immunity study. However, revaccination annually does not necessarily improve immunity. However, annual vaccination does significantly increase the risk for an adverse reaction in the dog.

I would recommend, if you really want to be sure the puppy vaccination program was successful, that a CDV and CPV-2 antibody titer be performed 2 or more weeks after the last puppy vaccination. Laboratory tests as well as "in-office test" for CDV and CPV-2 tests are available. If there is no antibody, revaccinate and perform a test two or more weeks after revaccination. If you still don't have antibody, change the product and vaccinate again. Antibody tests (titers) are very useful at these times to ensure the animal is immunized. The problem with antibody tests is they are very expensive, thus in general, these tests won't be used.

As an alternative to revaccinating at one year for CDV, CPV-2 and CAV-2, I would revaccinate at 6 months to ensure the animal has responded rather



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than waiting until 1 year. Then, revaccinate not more often than every 3 years. The minimum duration of immunity for the core vaccines except rabies, is at least 7 years based on challenge and/or titers (table 1). Thus revaccinating annually will not improve protection. Ironically “the better safe than sorry philosophy” can be equally applies to less vaccination, since the animal that develops an adverse reaction (e.g., hives, facial edema, anaphylaxis) from a vaccine that wasn’t needed is an example of “being sorry, not safe!”

What about all the other vaccines currently available for the dog? They are non-core or optional vaccines that should only be given to animals that need them and only as often as needed. There are also some vaccines that are not recommended for any dogs. The duration of immunity is not known for certain non-core products, the efficacy is limited or not known and the risk vs. benefit factors are neither always well established nor understood. The minimum duration of immunity for *Leptospira* vaccines is probably less than one year, thus if required for a high risk dog, they may need to be given as often as semi-annually. Considering the low efficacy, the adverse event rate and the minimal risk for leptospirosis in many regions of the US, certain practitioners are not using the current products. However, if an animal is in a high-risk environment for leptospirosis, the product to use should contain the 4 serovars (there is no significant cross protection among the 4 current serovars) and the animal should be vaccinated starting not earlier than 12 weeks of age, revaccinate in 2 to 4 weeks, revaccinate at 6 months of age, revaccinate at a year of age, and then you may have to revaccinate as often as every 6 to 9 months for optimal protection. Using this program the animal should not develop clinical disease but it can get infected and shed organisms in its urine.

Bordetella immunity may be less than one year and the efficacy for the products are not well established. Many animals receive "kennel cough" vaccines that include Bordetella and CPI and/or CAV-2 every 6 to 9 months without evidence that this frequency of vaccination is necessary or beneficial. In contrast, other dogs are never vaccinated for kennel cough and disease is not seen. CPI immunity lasts at least 3 years when given intranasally, and CAV-2 immunity lasts a minimum of 7 years parenterally for CAV-1. These two viruses in combination with *Bordetella bronchiseptica* are the agents most often associated with kennel cough. However, other factors play an important role in the disease (e.g. stress, dust, humidity, mold, mycoplasma, etc.); thus kennel cough is not a vaccine preventable



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disease because of the complex factors associated with this disease. Furthermore, this is often a mild to moderate self limiting disease. I refer to it as the "Canine Cold." My preference when a kennel cough vaccine is used is that it should be the intranasal rather than the parenteral, but some dogs will not allow someone to administer the vaccine intranasally.

There is a new virus of dogs, an "equine-like influenza virus," that first infected greyhounds in Florida in 2004 that caused respiratory disease. At this time it is not known whether this virus, referred to as canine influenza virus (CIV), is an important cause of canine respiratory disease, nor if it will be an emerging disease of dogs. Questions about the role of influenza virus or for that matter, viruses other than CPI and CAV-2, bacteria other than *Bordetella bronchiseptica*, various mycoplasmas and other factors causing kennel cough, which I refer to as "Canine Respiratory Disease Complex," exist and must be answered.

The geographic distribution of Lyme disease would suggest vaccination would only be of benefit in certain regions of the US, thus widespread use of this product is neither necessary nor desired. Although Wisconsin is an endemic area for Lyme disease, we have used very few doses of Lyme vaccines in our VMTH and we have not seen significant numbers of cases of Lyme disease. However in certain areas of western and northwestern Wisconsin and eastern Minnesota, many cases of confirmed Lyme disease are seen in both vaccinated and unvaccinated dogs. Tick control for prevention and antibiotics for treatment must be used in high risk areas. Immunity to Lyme vaccines have been shown experimentally to last up to one year.

Giardia is a new vaccine that may be of value in certain circumstances, but there have not been adequate field studies to demonstrate the need for the benefit of this vaccine. To date no one has demonstrated a benefit for coronavirus vaccine. In the vaccination guidelines from the American Animal Hospital Association, neither Giardia nor Coronavirus vaccines are recommended unless they can be proven to be beneficial for a specific animal. There are also new vaccines for snakebites (*Crotalus sp.*) and for periodontal disease (*Porphyrius sp*) and a therapeutic vaccine for treatment of canine melanomas.

At present most canine core vaccines are given more often than needed, but a few non-core vaccines probably not often enough to be of benefit. Also,



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many vaccines are given that are not needed or that cannot be shown to provide a benefit for the specific animal. Vaccines are medical products that should only be given if needed and only as often as is 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.

Vaccination programs are changing and they will continue to change. The vaccination program must be tailored to the individual animal. Vaccines are medical products that should not be used as practice management tools. My general philosophy is to vaccinate more animals in the population, but vaccinate with only those vaccines that the animal needs and only as often as required to maintain protective immunity. For some products vaccination may occur once or twice in a life time, whereas for other products it may be every 6 to 9 months.

**Table 1: Minimum Duration of Immunity for Canine Vaccines**

Vaccine	Minimum Duration Of Immunity	Methods Used to Determine Immunity
Core Vaccines		
Canine Distemper Virus (CDV)		
Rock born Strain	7 yrs/15 yrs	challenge/serology
Onderstepoort Strain	5 yrs/9 yrs	challenge/serology
Canarypox Vectored rCDV	3 yrs/4 yrs	challenge/serology
Canine Adenovirus-2 (CAV-2)	7 yrs/9 yrs	challenge-CAV-1/serology
Canine Parvovirus-2 (CPV-2)	7 yrs/10 yrs	challenge/serology
Canine Rabies	3 yrs/5 yrs	challenge/serology

### Why Vaccination Programs are Changing

Why, when you know from personal experience that life-long immunity exists for many human vaccines, do you have great difficulty believing a canine vaccine can provide life-long immunity? Perhaps I and my colleagues that teach immunology to veterinary medical students have failed to explain the basics of vaccine induced "immunologic memory." Immunologic memory



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is as the term implies, the immune system's ability to remember the vaccine antigens that it has seen at an earlier time in life, allowing the immune system to respond in a manner that will protect you or your dog from specific infections and/or diseases.

Immunologic memory is responsible for the duration of immunity that develops after recovery from natural infection/disease and after vaccination with modified live virus (MLV) or killed virus (KV) vaccines. Similarly, bacterial infections and vaccines or bacterins (killed bacterial vaccines) provide immunologic memory. However, in general, immunologic memory to killed viral vaccines and to bacterial vaccines (or bacterins) is not as long lived as it is to MLV vaccines. The duration of immunity or length of immunologic memory varies among the agents causing the diseases.

For example, our immunologic memory for measles virus is life-long. How do we know that it is lifelong? No one has published any controlled studies, but we know after recovering from measles infection and/or vaccination with a MLV vaccine, immunity is life-long because people rarely get measles even though they rarely receive another dose of vaccine. In contrast to the MLV vaccine, the killed measles vaccines that were used for a short period of time about 25 years ago failed to give life-long immunity. Many individuals receiving killed vaccines were either inadvertently infected or had to be revaccinated with a MLV when they were 15 to 20 years of age to provide lifelong immunity. How many people do you know that were vaccinated with the modified live measles virus product, in use for approximately 40 years, or that had measles as a child, then developed measles later in their life? I'm sure your answer must be very few or none!

A very similar story to measles can be told for canine distemper virus (CDV) in the dog. CDV is in the same virus family as measles virus and it shares many similarities with MV. As you may know, MV vaccines have been and were available until recently for dogs to prevent disease (not infection) caused by CDV. Those of you over the age of 50, may remember canine distemper when it was a devastating disease killing many animals with more than 50% of infected puppies often dying from the disease. If you are old enough, were observant enough and had an opportunity to follow dogs that recovered from natural infection with CDV, you know that dogs recovering from CDV, like their human counterparts recovering from measles, rarely, if ever developed acute distemper during the rest of life, even when not revaccinated. Like measles immunity in humans, immunity from canine





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distemper infection confers immunologic memory resulting in life-long immunity.

How do I and my older, wiser and now retired colleagues and canine infectious disease experts, Dr. Max Appel, Dr. L.E. (Skip) Carmichael, and Dr. Larry Swango know that distemper immunity is life-long? We know because we had the opportunity to follow dogs that recovered from infections with CDV or puppies that were vaccinated once or twice with MLV CDV and lived for 7 or more years and never developed disease even though they were exposed to CDV via natural outbreaks or experimental challenge with CDV. We also know the vaccinated or recovered dogs had lifelong immunity because we and others performed antibody titer tests for years on the dogs after they recovered from infection or after puppy vaccination. These dogs all had titers showing that immunologic memory was present. Most of the dogs had titers that provide sterile immunity (protection from infection) much like the measles titers found years in many vaccinated or naturally infected people. However, even if the dogs didn't have sterile immunity but still had antibody, they had immunologic memory. An antibody titer no matter how low shows the animal has immunologic immunity since memory effector B cells must be present to produce that antibody.

Some dogs without antibody are protected from disease because they have T cell memory that will provide cell mediated immunity (CMI). CMI will not protect from reinfection, but it will prevent disease. When an animal is antibody negative it may have T cell immunologic memory but I generally consider a CDV antibody negative dog not to be protected. Therefore, I recommend revaccination! Some researchers, including myself, have had the opportunity to follow the duration of immunity for dogs living in natural or experimental environments that are free of CDV and CPV-2.

Why is it important that observations are made on dogs and cats that are not exposed to the virus? Because in those environments it is possible to demonstrate that immunologic memory is independent of natural or overt stimulation with the wild type virus or the vaccine virus. However, in a normal environment where infection occurs, "natural vaccination" or exposure and infection with the specific antigen can and does occur at least for certain agents and in certain animals, but the infected animals do not get sick. Ironically when animals have "sterile immunity" their immune system is rarely boosted by natural exposure since infection does not occur. If infection does not occur, there is no stimulation of the specific memory T or



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B cells, thus the antibody titer does not increase. A severe outbreak of CPV-2 occurred in large commercial breeding kennel, where more than 90% of puppies got sick and 50% of puppies from 4 weeks to 24 weeks of age died. However, none of more than 50 dams with sick and dying puppies had a significant increase antibody in antibody titer, none had virus in their feces and none showed clinical signs of CPV-2 disease, all excellent indicators the dams had sterile immunity (did not get infected)!

Is immunologic memory and duration of immunity to all human viruses life-long? The answer is NO! Natural infection, with many human viruses and the vaccines for those viruses provide lifelong immunity (e.g., measles, mumps, rubella), whereas other viruses and/or the vaccines for them provide short duration of immunity (e.g. human cold viruses, influenza virus) and for additional viruses there is no immunity from infection or experimental vaccines (e.g. HIV).

The three most important viral infections of dogs all provide life-long immunity. They are CDV, CPV-2, and CAV-1. If a puppy is immunized with the three MLV vaccines used to prevent these diseases, there is every reason to believe the vaccinated animal will have up to life-long immunity! The vaccines that prevent the diseases caused by these 3 viruses plus rabies vaccine are the "Canine Core Vaccines" or those vaccines that every puppy should receive. My own dogs, those of my children and grandchildren are vaccinated with MLV CDV, CPV-2, CPI, and CAV-2 vaccines once as puppies after the age of 12 weeks. An antibody titer is performed two or more weeks later and if found positive our dogs are never again vaccinated. I have used this vaccination program with modifications (CAV-2 replaced CAV-1 vaccines in the 1970's and CPV-2 vaccines were first used in 1980) since 1974! I have never had one of our dogs develop CDV, CPV-1 or CPV-2 even though they have had exposure to many dogs, wildlife and to virulent CPV-2 virus. You may say that I have been lucky, but it is not luck that protects my dogs, it is immunologic memory.

An important factor contributing to lifelong immunity in addition to the memory T and B cells and the "memory effector B cells" (long lived plasma cells) of the specific (adaptive) immune system is the innate immune resistance associated with age. It is well known in all species that the young animal is more susceptible to infection and disease than a mature animal. In the case of human infections that that period of increased susceptibility is often the first few years of life, and especially the first year. In the puppy



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and the kitten it is often the first 3 to 6 months of life, but it can be up to 1 year of age that the animal is more susceptible to disease. For example, dogs less than a year of age are much more likely to develop severe parvovirus disease than susceptible (immunologically naive) dogs over one year of age even though at both ages the animals are very susceptible to infection with CPV-2. Similarly a susceptible cat less than one year of age and especially cats less than 3 months of age are at much greater risk of becoming persistently infected with feline leukemia virus than a susceptible cat that is greater than one year of age at the time of infection. Thus innate as well as specific immune factors contribute to age-related resistance and these factors are highly complex and not completely understood. However, age related resistance plays a critical role in life-long or long term immunity. This does not imply that older dogs and cats cannot get infected and develop disease, it is that they are much less likely to get disease when compared to the younger animal.

I and my colleague, Dr. Fred Scott, first proposed a three year revaccination program for dogs and cats more than 25 years ago, when we published an article in *Veterinary Clinics of North America* 8(4) 755-768, 1978. Today, a three year revaccination program has been recommended in the AAHA Canine Vaccination Guidelines and the American Association of Feline Practitioners Vaccine Guidelines for Cats. The proposed change for revaccination with "Core Vaccines" from annual to triennial revaccination has been very controversial for many reasons. However, the reasons have little or nothing to do with "immunologic memory" or duration of immunity. No one has nor can anyone in the future, show that there is any immunologic benefit from annual revaccination with MLV CDV, CAV or CPV-2. In fact, it may even be difficult to show an immunologic benefit for revaccination at three year intervals since most animals have long term immunity for CDV, CAV, and CPV-2.

Some among you are probably convinced that there is life long immunity to certain vaccines used in dogs and cats, but few of you after many years of performing annual revaccination are willing to take the risk, however small it may be, to adopt the puppy vaccination program. However, you should feel confident that adopting a three year vaccination program for CDV, CAV and CPV-2, will not increase the risk for diseases caused by these 3 viruses just as a once every three year revaccination, rather than annual revaccination with the killed rabies vaccines does not increase the animal's risk for rabies.



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You and your veterinarian will need to determine what vaccines and vaccination program is best for your pet and their patient respectively. The program selected may only include core vaccines that given once in the lifetime of the dog or the program may include all vaccines with revaccination on an annual or more often basis, or it may be a vaccination program in between these two extremes depending on what your pet's needs are and what, in the medical judgment of your veterinarian, is best for their patients. Furthermore, it is likely your decision depends on the life style of your pet, its medical history, health status, age, pregnancy status and other important factors.



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### FREQUENTLY ASKED QUESTIONS (FAQ)

**1. Is there a risk of over-vaccinating a pet (e.g., injecting it too often, or using vaccines that are not required for the specific pet)?**

Yes - Vaccines should not be given needlessly, as they may cause adverse reactions. Vaccines are medical products that should be tailored to the needs of the individual animal.

**2. May I mix different types of vaccines in the syringe?**

No - One should never mix different vaccine preparations in the syringe unless specified by the data sheet.

**3. May I co-inject different vaccines (not part of a single commercial product) into the same animal?**

Yes - but different vaccines should be injected into separate sites that are drained by different lymph nodes.

**4. May I use smaller vaccine doses in small breeds to reduce the risk of adverse reactions?**

No - The volume (e.g. 1.0 ml) as recommended by the manufacturer generally represents the minimum immunizing dose, therefore the total amount must be given,

**5. Should the large dog (Great Dane) be injected with the same volume of vaccine as the small dog (Chihuahua)?**

Yes - Unlike pharmaceuticals that are dose-dependent, vaccines are not based on volume per body mass (size), but rather on the minimum immunizing dose.

**6. May I vaccinate the anesthetized patient?**

It is best to not do this if possible - the patient may develop a hypersensitivity reaction and vomit, leading to an increased risk of aspiration. Also, anaesthetic agents may be immunomodulatory.



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### **7. May I vaccinate pregnant pets?**

No - Vaccination with MLV and killed products during pregnancy should be avoided, if at all possible.

### **8. May I vaccinate pets that are on immunosuppressive or cytotoxic therapy (e.g., for cancer or immune-mediated diseases, such as those with an autoimmune or hypersensitivity pathogenesis)?**

No - Vaccination especially with MLV products should be avoided as they may cause disease; vaccination with killed products may not be effective or may aggravate the immune-mediated disease.

### **9. How long after stopping immunosuppressive therapy do I wait before vaccinating a pet?**

A minimum of 2 weeks.

### **10. May I vaccinate every week if an animal is at high risk of disease?**

No - Vaccines should not be given more often than every other week, even when different vaccines are being given.

### **11. When should the last vaccine dose be given in the puppy and kitten vaccine series?**

The last dose of vaccine should be given at around 16 weeks of age.

### **12. May I inject a killed vaccine followed at a later time with a MLV for the same disease?**

No - The killed vaccine may induce an effective antibody response that will neutralize the MLV in the vaccine, thereby preventing immunization. It would be preferable to give the MLV vaccine first and if/when needed, revaccinate with the killed vaccine preparation.

### **13. May I inject a modified live intranasal *Bordetella* vaccine?**



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No - The vaccine can cause a severe local reaction and may even kill the pet.

### **14. May I give a killed *Bordetella* vaccine destined for parenteral use intranasally?**

No - This will not stimulate a specific response to the *Bordetella*; you should give a live vaccine via the intranasal route, as specified by the data sheet.

### **15. Are precautions necessary when using MLV FHV-1/FCV parenteral vaccines in cats?**

Yes - Mucosal (e.g. conjunctival and nasal) contact with the preparation must be avoided because the vaccine virus can cause disease,

### **16. Can nosodes (holistic preparations) be used to immunize pets?**

No - Nosodes cannot be used for the prevention of any disease. They do not immunize because they do not contain antigen.

### **17. Should dogs and cats with a history of adverse reaction or immune-mediated diseases (hives, facial oedema, anaphylaxis, injection site sarcoma, autoimmune disease, etc.) be vaccinated?**

If the vaccine suggested to cause the adverse reaction is a core vaccine, a serological test can be performed, and if the animal is found seropositive (antibody to CDV, CPV-2, FPV), revaccination is not necessary. If the vaccine is an optional non-core vaccine (e.g. *Leptospira* bacterin) revaccination is discouraged. For rabies, the local authorities must be consulted to determine whether the rabies vaccine is to be administered by law or whether antibody titer may be determined as an alternative.

### **18. May I use different vaccine brands (manufacturers) during the vaccination program?**

Yes - It may even, be desirable to use vaccines from different manufacturers during the life of an animal, because different products may contain different serotypes (e.g. of feline calicivirus).

### **19. Should I use a disinfectant (e.g., alcohol) on the injection site?**

No - The disinfectant might inactivate an MLV product, and it is not known to



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provide a benefit.

### **20. Can vaccines cause autoimmune diseases?**

Vaccines themselves do not cause autoimmune disease, but in genetically predisposed animals they may trigger autoimmune responses followed by disease - as can any infection, drug, or a variety of other factors.

### **21. May I split vaccines in combination products?**

Yes - For example, *Leptospira* bacterins are often the diluent for the viral antigen combination. The "viral cake" may be resuspended in sterile water, and the *Leptospira* bacterin be given separately at another site or time, or discarded.

### **22. Will a single vaccine dose provide any benefit to the dog or cat? Will it benefit the canine and feline populations?**

Yes - One dose of a MLV canine core vaccine (CDV, CPV-2 CAV-2) or feline core vaccine (FPV, FCV, FHV-1) should provide long term immunity when given to animals at or after 16 weeks of age. Every puppy and kitten 16 weeks of age or older must receive at least one dose of the MLV core vaccines. If that were done, herd (population) immunity would be significantly improved. Even in the USA with its good vaccination record, probably <50% of all puppies and <25% of all kittens ever receive a vaccine. We must vaccinate more animals in the population, with core vaccines to achieve herd immunity (e.g. 75% or higher) and prevent epidemic outbreaks.

### **23. When an animal first receives a vaccine that requires two doses to immunize (e.g. killed vaccines like *Leptospira* bacterins or feline leukemia virus), and it does not return for the second dose within 6 weeks, is there any immunity?**

No - A single dose of a two-dose vaccine does not provide immunity. The first dose is for priming the immune system, the second for boosting. If a second dose is not given within 6 weeks of the first, the regimen must start again, making sure the two doses are given within 2 to 6 weeks. After those two doses, revaccination with a single dose can be done at any time.





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### **24. May I give a MLV product to a wild, exotic species or to a domestic species other than to the ones which the vaccine was licensed to protect?**

No - Never. Many MLV vaccines have caused disease in animal species other than those for which they had been licensed. Even worse the vaccine could be shed from those animals, regain virulence through multiple passages and cause disease even in the target species for which it had been developed. The consequences could be catastrophic!

A highly effective and very safe vaccine for species that are susceptible to CDV is a canary poxvirus-vectored recombinant CDV vaccine that is available as a monovalent product for ferrets or a combination product for dogs. The monovalent vaccine is being used in many wild and exotic species susceptible to CDV.

### **25. May I vaccinate a puppy that is at high risk of getting CDV with a human measles vaccine?**

No - Due to an insufficient amount of virus, the human MV vaccine is not immunogenic in the puppy. Measles virus vaccines made specifically for the dog (sometimes combined with CDV) will give temporary protection at an earlier age than a CDV vaccine. At 16 weeks or older, the puppy must be vaccinated with a CDV vaccine, to achieve permanent immunity.

### **26. I know that maternally derived antibodies (MA) can prevent active immunization with MLV vaccines - but can they also block immunity to killed vaccines?**

Yes - MDA can indeed block certain killed vaccines. If the killed product requires two doses, as is often the case, and the first dose is blocked by MDA, then the second dose will not immunize. In this circumstance, the second dose will prime (if not blocked), and a third dose is required to boost and immunize.

This is not true for MLV, where - in the absence of MDA - it only takes a single dose to prime, immunize, and boost. Nevertheless two doses are often



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recommended, particularly in young animals, to be sure one is given when MDA cannot block. That is why in the puppy or kitten series, the last dose should be given at around 16 weeks of age or later.

**27. I have been told that certain canine MLV combination core products need only be given twice, with the last dose at an age as young as 10 weeks. Is that accurate?**

No - it is not. No combination core product currently available will immunize an acceptable percentage of puppies when the last dose is given at 10 weeks of age. The last dose should be given at around 16 weeks of age, regardless of the number of doses given earlier.

In the presence of MDA, MLV vaccines either immunize or they don't, and the animal will be either immune or not immune - there is nothing in between. MLV vaccines do not give a little immunity with any dose when blocked by MDA.

**28. For how long can a reconstituted MLV vaccine sit at room temperature without losing activity?**

At room temperature, some of the more sensitive vaccines (e.g. CDV, FHV-I) will lose their ability to immunize in 2 to 3 hours, whereas other components will remain immunogenic for several days (e.g. CPV, FPV).

**29. May I give the same type of vaccine parenterally and intranasally, for example the canine and feline vaccines used to prevent respiratory diseases ( `kennel cough' and feline upper respiratory disease)?**

Yes - But be sure to give the product approved for that route. If you use the parenteral MLV vaccines containing FCV and FHV-1 locally, you could cause disease in the cat. If you use the killed FCV and FHV-I vaccines locally, you would not get any immunity and might cause significant adverse reactions. If you gave the intranasal live `kennel cough' vaccine parenterally, you could cause a severe necrotizing local reaction and even kill the dog,



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whereas giving the parenteral killed *Bordetella* vaccine intranasally will not immunize and may cause a hypersensitivity reaction.

However, both types of products can be given at the same time or at various times in the life of the animal. Vaccinating both parenterally and intranasally may actually provide better immunity than vaccinating at only one site. Thus parenteral vaccination provides protection in the lung but little or no immunity in the upper respiratory tract (especially local secretory IgA and CMI), whereas intranasal vaccination will engender good secretory IgA and local CMI and non-specific immunity (e.g., type I interferons), but will not always provide immunity in the lung.

### **30. Are there dogs and cats that cannot develop an immune response to vaccines?**

Yes - This is a genetic characteristic seen particularly in some breeds, and these animals are called 'non-responders'. Genetically related (same family or same breed) animals will often share this non-responsiveness. If the animal is a non-responder to a highly pathogenic agent, like canine parvovirus or feline panleukopenia virus, the infected animal will die if infected. If it is a non-responder to a pathogen that rarely causes death, it may become very sick but will survive (e.g. after *Bordetella bronchiseptica* infection).

### **31. Are there mutants (biotypes or genotypes) of CDV or CPV-2 in the field that the current vaccines cannot provide protective immunity against?**

No. All the current CDV and CPV-2 vaccines provide protection from all the known isolates of CDV or CPV-2, respectively, when tested experimentally as well as in the field.

### **32. How long after vaccination does it take for the dog to develop immunity that will prevent severe disease when the core vaccines are used?**

This is dependent on the animal, the vaccine, and the disease.



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- The fastest immunity is provided by CDV vaccines - MLV and recombinant canarypox virus vectored. The immune response starts within minutes to hours and provides protection within a day to animals without interfering levels of MDA and dogs that are not severely immunosuppressed.
- Immunity to CPV-2 and FPV develops after as few as 3 days and is usually present by 5 days when an effective MLV vaccine is used. In contrast, the killed CPV-2 and FPV-2 vaccines often take 2 to 3 weeks or longer to provide protective immunity.
- CAV-2 MLV given parenterally would provide immunity against CAV-1 in 5 to 7 days; when given intranasally, however, the same level of immunity to CAV-1 is not present until after 2 or more weeks.
- Time from vaccination to immunity is difficult to determine for FCV and FHV-1 because some animals will not develop any immunity.

### **33. Will the current 'kennel cough' vaccines provide any protection from disease caused by the new canine influenza virus?**

No - The racing greyhounds that have been found infected and that developed disease had been routinely vaccinated 3 or more times a year with commercial 'kennel cough' vaccines. Canine influenza virus is antigenically unrelated to any other virus of dogs, but related to Equine Influenza Virus.

### **34. If an animal has gone beyond the time that is generally considered to be the maximum DOI for the vaccine (7 to 9 years for CDV, CPV-2, CAV-2; >1 year- for *Leptospira*, *Bordetella bronchiseptica*; >3 years for rabies), do I have to start the series of vaccinations again (multiple doses 2 to 4 weeks apart)?**

No, for MLV vaccines, multiple doses are only required at the puppy or kitten age, when an Animal has MDA.

### **35. What can I expect from the core vaccines in terms of efficacy in the properly vaccinated puppy/dog and kitten/cat?**

- Dogs properly vaccinated with MLV or recombinant CDV, CPV-2 and CAV-2 would have  $\geq 98\%$  protection from disease. Similarly we would expect a very high protection from infection.
- For the properly vaccinated cat that had received MLV vaccines, we



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would estimate that

≥98% would be protected from disease and infection with FPV.

- In contrast, we can expect FCV and FHV-1 vaccines, at best, to protect from disease, especially in a highly contaminated environment (e.g., shelter) and protection would be seen in 60 to 70% in a high risk environment and higher in the household pet cat.

### **36. Are serum antibody titers useful in determining vaccine immunity?**

Yes - Especially for CDV, CPV-2 and CAV-1 in the dog, FPV in the cat and rabies virus in the cat and dog. Serum antibody titers are of limited or no value for the other vaccines. Assays for CMI are of little or no value for any of the vaccines for various technical and biological reasons. Such factors are less of an issue for serological tests where it is much easier to control many of the variables. However, discrepant results are still obtained, depending on the quality assurance program of the given laboratory.

### **37. Do puppies develop immunosuppression after the initial series of core vaccines?**

Yes - If a combination product containing MLV-CDV and MLV-CAV-2 with other components is used, a period of immunosuppression lasting approximately 1 week develops, beginning 3 days after vaccination. If the combination vaccine does not contain either MLV-CDV or MLV-CAV-2, then such suppression does not occur.

## **Biographical Profile**

Dr. Ron Schultz earned his BS degree (1966), MS (1967) and PhD in Immunology and Veterinary Pathology (1970) from the Pennsylvania State University. From 1970 to 1978 he was an Assistant then Associate Professor at NY State College of Veterinary Medicine, James A. Baker Institute, Cornell University. He established the first Veterinary Clinical Immunology Laboratory in the US while on the faculty at Cornell. He also served as Associate Director of the Human Health Service Laboratory at Cornell University. From 1978 to 1982 he was a Professor and Director of the Veterinary Clinical, Immunology Laboratory that he established in the School of Veterinary Medicine, Auburn University. He accepted his current position



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as Professor and Chair of the Department of Pathobiological Sciences, School of Veterinary Medicine, UW-Madison in 1982. At the time he accepted this position he was the only member of the department which now has many faculty, staff and students, including faculty in the Wisconsin Veterinary Diagnostic Laboratory.

He is an honorary diplomate of the American College of Veterinary Microbiologists. Dr. Schultz has won several awards, is a member of numerous professional organizations and served or serves on numerous Editorial Boards and National and International advisory panels. He is on the AAHA Canine Vaccine Task Force, the AAFP Feline Vaccine Task Force that provides Guidelines for Canine and Feline Vaccines and Vaccination Programs as well as the Vaccine Guideline Group for the World Small Animal Veterinary Association. He has served on National Academy of Science panel to review USDA Grants Programs and was recently invited to be a member of the Assessment Panel to review research programs of the USDA's Agricultural Research Service Laboratories throughout the US.

He was the first president of the American Association of Veterinary Immunologists and has been president of the Conference of Research Workers in Animal Disease. He has published more than 200 papers on the immunology and microbiology of animal disease, clinical immunology and vaccinology and has edited several books and holds multiple patents. He has trained more than 50 graduate students and postdoctoral fellows in his laboratories at Cornell, Auburn and Wisconsin. He has received millions of dollars in extramural research funds for research primarily to study diseases of dogs, cats and cattle and also received funding for instructional training programs.