A REPORT ON THE VACCINATION CONTROVERSY

by Kathleen Dillon

There seems to have been a change in thinking of late regarding vaccinations for dogs and differing opinions on the timing and frequency of vaccinations and "puppy shots", and about their safety and effectiveness. A "Combination vaccine" refers to the standard combination of vaccines that include parvovirus, distemper, adenovirus type 1 and type 2, parainfluenza and in some cases leptospirosis. The general rule of thumb in the past was that "puppy shots" should be given at 5 weeks (parvo only), 6, 8, 10, 12, 14, 16 and 18 weeks (combinations), with an adult booster annually thereafer. Then it changed to 6, 9, 12 and 15 weeks. Certain geographical areas have specific vaccination needs and individual veterinarian's recommendations may have differed somewhat due to specific needs. Some areas have problems with lyme, some with coronavirus and people who show, trial or board their dogs need to be aware of special vaccination needs. We would definitely not support the “au naturale” method that some extremists are proponents of, but if you haven't talked with your veterinarian lately, check with him for an update and to discuss his latest recommendations for your area.

It seems that the major areas of controversy over vaccinations are the safety of the vaccination itself, the frequency and the actual effectiveness. Where in the past we would have been considered totally irresponsible dog owners to skip the annual adult booster, many veterinarians have amended their vaccination recommendation to three year intervals between shots rather than annual boosters. We are reading now that the annual booster recommendations were allegedly not based on scientific evidence, but instead instituted mainly so dogs would be brought in allowing the veterinarian to find and treat any other conditions apparent at the time.

Colorado State University's College of Veterinary Medicine has revised their protocol because of increasing documentation showing that over-vaccinating has been associated with harmful side effects. They now recommend the standard puppy series, a booster one year later, then vaccinations every three years after that. Also, it seems that the American Veterinary Medical Association has published several papers supporting the move to three year intervals.

Puppy shots are given in a series in order to bridge the time when they are no longer protected by the mother's immunities. Because of the uncertainty of when that protection stopped, it was recommended that vaccinations be repeated over a span of time. A typical example in the past was to vaccinate at 5, 6, 8, 10, 12. 14. 16 and 18 weeks (utilizing varying combination vaccines) with annual boosters thereafter. Now, however, we have seen two different protocols recommended but both of those recommended considerably fewer puppy shots with the typical recommendation being to vaccinate at 6, 9, 12 and 15 weeks and an annual booster thereafter.

Vaccines are not 100 percent effective in preventing disease. Some reasons for this include a vaccine that has been improperly produced or poorly handled (not kept refrigerated correctly), or even the response of the vaccinated dog's immune system. Various health conditions in a dog (sick, malnourished, surgery, old age, drug therapy being just a few) can cause ineffectiveness.

Beyond ineffectiveness, some of the veterinarian profession feel that injecting dogs every year actually destroys their immune systems and are the cause of vaccine-induced allergies, behavior problems, epilepsy, cancer and a huge list of auto-immune diseases such as Addisons, rheumatoid arthritis, hepatitis, diabetes, Hashimoto's thyroiditis, systemic lupus and more. A small percentage of dogs can have an acute anaphylactic reaction to a vaccine, which requires prompt action to save its life.

While those on the left seem to recommend a minimum of vaccinations, if at all, proponents of moderation state that certain breeds can be genetically predisposed to weak immune systems and the vaccination is the precipitating event to these diseases, just as other conditions that stress the system, such as overheating, poor diet, toxic exposure, etc. can be, and that high-risk animals that should be identified and vaccinations modified accordingly.

Some vaccination "don'ts" were listed as: If the dog is elderly, pregnant, undergoing surgery, has any other medical condition including lameness, if the dog has symptoms of any illness, mild or severe, skin conditions or cancer, or if it is on any immune-suppressant drugs.

Some suggestions listed to reduce risks of vaccine-related problems were:

1. Do not de-worm or initiate new medicines at the same time of vaccinations and avoid the use of flea and tick control products;
2. Only vaccinate against diseases for which your dog is as risk - usually parvo, rabies and distemper. (It is reported that there have not been any reported cases of canine hepatitis in a very long time and that the leptospirosis vaccine in use is not effective against current prevalent strains, and it seems that the leptospirosis vaccine is the one most commonly associated with acute anaphylactic reactions);
3. Don't vaccinate for bordetella, corona virus or Lyme disease unless these diseases they are a problem in your area or in a specific kennel.

Admittedly, it's quite a bit to think about and there is much more information on the subject available than we can cover here. Most important though is to take the time to discuss it with your veterinarian to get his views, his advice for your geographical area and, knowing your dog's medical background his advice for your dog in particular. But after all is said and done, it is up to each of us as our dog's guardian to wade through the confusion and differing views, and try to make the best decisions in light of each dog's individual needs and circumstances.