

AAHA WRAPS UP CANINE VACCINE GUIDELINES

Feb 1, 2003

By: [Stephanie Davis](#)

DVM NEWSMAGAZINE



Dr. Richard Ford

Three words summarize the recommended frequency of canine vaccination - triennially, annually or never.

That's the consensus of the American Animal Hospital Association's (AAHA) 14-member taskforce, which, at presstime, was working feverishly to compose a final draft of its first-ever canine vaccination guidelines. The final version, to be released this spring, is pending discussions with vaccine manufacturers.

"The guidelines are huge," says Dr. Richard Ford, on the AAHA taskforce and professor of medicine at North Carolina State University.

Dubbed a "paradigm shift" in vaccination protocol, the bottom line is: not all vaccines should be administered with equal frequency.

"We have an abundance of referenced data that document the longevity and the lack of efficacy of these various (canine) vaccines," says Ford.

Vaccine explosion Little more than three decades ago, veterinarians had limited vaccine choices: distemper, hepatitis, leptospirosis and rabies.

Now more than two dozen different types of vaccines exist for dogs. Counting all the products, veterinarians have more than 100 vaccines at their disposal.

"We're going through an explosion of vaccines for dogs, and to some extent similar for the cat," says Ford, who also contributed to the feline vaccination guidelines re-released by the American Association of Feline Practitioners in 2000.

In response to the explosion, AAHA has proposed guidelines to offer direction on a vaccine protocol for veterinarians.

"It's an attempt to provide recommendations, and I use the word 'recommendations' - these are not national standards," says Ford. "We are not dictating how veterinarians should actually vaccinate."



Dr. Ron Schultz

What AAHA recommends For many vaccines the recommendation is still to vaccinate adult dogs annually. Other vaccines have proven safe and effective following a triennial administration.

Puppies are a different story. Appropriate vaccine administration is considered absolutely the most important," says Ford. As a result, AAHA recommends veterinarians follow all prior vaccine protocols for puppies.

For example, the committee universally stipulates that canine parvovirus vaccines should be given initially at six to eight weeks, the second dose at nine to 11 weeks and a third dose at 12-14 weeks.

"The guidance provided by the vaccine manufacturers, the ones that have been in place for years and years are still being advocated (for puppies)," says Ford.

Booster vaccines The previous rules don't apply when the puppy reaches adult stage, according to the AAHA guidelines.

"It's recommended, not required, that veterinarians place vaccines in one of two categories when developing a vaccine protocol for their practice: core or non-core," says Ford.

The new categories are an attempt to segregate the vital vaccines from the more discretionary, according to the taskforce. The core vaccines, of which there are four, are to be administered triennially. These are vaccines to prevent against high-risk, highly contagious and potentially fatal diseases. Noncore vaccines, to be administered under the discretion of the veterinarian, would follow an annual schedule.

"We're trying to encourage veterinarians to look at the science behind the vaccines and to develop a vaccination protocol that is rational as well as effective," says Ford.

Of the core vaccines, the taskforce recommends that the adult dog receive rabies; canine parvovirus vaccine; canine adenovirus-2 (hepatitis vaccine); and distemper vaccines every three years.

The caveat to the recommendation, says Ford, is that there is good evidence that the protection conferred in adult dogs by both canine distemper and canine parvovirus exceeds five years.

Three years seemed a conservative, happy medium for all parties involved, according to the taskforce.

Anticipated reaction The canine guidelines are "much less controversial" than the previously released feline vaccination guidelines, says Dr. Ron Schultz, veterinary immunologist at the University of Wisconsin - Madison and member of the taskforce.



"It's hard to believe it'd be controversial to any DVM who's lived on earth for the past year or two. You'd have to be from outer space if you haven't heard about the issues," says Schultz. "Yet individuals are still not aware of what the discussion is about," he adds.

Ford likewise expects to hear minimal grumbling at the outset.

"For some people this will be a surprise because ... it's the classic culture change. We've always done it this way, my gosh, why are we going to change it now," he mimics.

In response, he cites how today's vaccines have vastly improved immunogenic qualities and evidence points to long-term activity.

Didn't make the cut What may catch some veterinarians off guard is the taskforce's third classification, recommending against certain vaccines. Those are:

- Giardia. Reason: no test is available for the disease; vaccine has not been proven to prevent infection, only reduces shedding.
- Canine adenovirus-1. Studies found that the vaccine can cause visual impairment in dogs.
- Coronavirus. "We're not recommending it because the disease isn't significant. The vaccine is safe, there just isn't a disease to go with it," Ford says.

"We're saying don't give it. We don't feel that the disease justifies vaccinating dogs for it," says Ford. "Nobody's very happy with that (recommendation), and they'll argue it to the bitter end," says Ford.

Who won't buy it Contention may also arise from corporate practices, who may ignore the guidelines altogether because of lost revenue.

"There are some corporate policies among these conglomerates of veterinary practices in the country. They have standard policies that all dogs get all licensed vaccines every year. What we're saying is that's wrong. Don't do that," says Ford.

He expects those groups to disregard the guidelines, since they are not mandates.

AVMA weighs in Although the American Veterinary Medical Association says it has not seen a draft of the guidelines, Dr. Elizabeth Curry-Galvin, assistant director of scientific activities, says the two organizations shared concepts during the development of their respective reports.

AVMA released its own position statement highlighting prudent use of vaccines late last year.

In regard to AAHA's anticipated guidelines, AVMA's position is: "We encourage veterinarians to read the report once it is available. Practitioners need information from a wide number of sources to make the best medical recommendations for their patients," Curry-Galvin says.