

More is not better

When it comes to immunity and duration of immunity for vaccines, there is one clear expert. Dr. Ronald D. Schultz is one of perhaps three or four researchers doing challenge studies on veterinary vaccines – and he has been doing these studies for 40 years. It is Dr. Schultz's work that prompted the AAHA and AVMA to re-evaluate vaccine schedules. In 2003, The American Animal Hospital Association Canine Vaccine Taskforce warned vets in JAAHA (39 March/April 2003) that 'Misunderstanding, misinformation and the conservative nature of our profession have largely slowed adoption of protocols advocating decreased frequency of vaccination'; 'Immunological memory provides durations of immunity for core infectious diseases that far exceed the traditional recommendations for annual vaccination.'

'This is supported by a growing body of veterinary information as well-developed epidemiological vigilance in human medicine that indicates immunity induced by vaccination is extremely long lasting and, in most cases, lifelong.'

"The recommendation for annual re-vaccination is a practice that was officially started in 1978," says Dr. Schultz. "This recommendation was made without any scientific validation of the need to booster immunity so frequently. In fact the presence of good humoral antibody levels blocks the anamnestic response to vaccine boosters just as maternal antibody blocks the response in some young animals."

He adds: "The patient receives no benefit and may be placed at serious risk when an unnecessary vaccine is given. Few or no scientific studies have demonstrated a need for cats or dogs to be revaccinated. Annual vaccination for diseases caused by CDV, CPV2, FPLP and FeLV has not been shown to provide a level of immunity any different from the immunity in an animal vaccinated and immunized at an early age and challenged years later. We have found that annual revaccination with the vaccines that provide long-term immunity provides no demonstrable benefit."

Below is the result of duration of immunity testing on over 1,000 dogs. Both challenge (exposure to the real virus) and serology (antibody titer results) are shown below:

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)		
Rockbom Strain	7 yrs / 15 yrs	challenge / serology
Onderstepoort Strain	5 yrs / 9 yrs	challenge / serology
Canine Adenovirus-2 (CAV-2)	7 yrs / 9 yrs	challenge-CAV-1 / serology
Canine Parvovirus-2 (CAV-2)	7 yrs	challenge / serology

It is important to note that this is the MINIMUM duration of immunity. These ceilings reflect not the duration of immunity, rather the duration of the studies. Dr. Schultz explains "It is important to understand that these are minimum DOTs and longer studies have not been done with certain of the above products. It is possible that some or all of these products will provide lifelong immunity."

Dr. Schultz has seen these results repeated over the years. In 2010, he published the following with newer generation, recombinant vaccines. It is important to note that not only did the vaccines provide protection for a minimum of 4 to 5 years, it did so in 100% of the dogs tested.

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Table 2
Dogs vaccinated against canine distemper virus (CDV) and canine parvovirus type 2 or 2a (CPV-2, -2a) and then challenged with CDV (intravenous) and CPV-2c or -2b (intranasal/oral)

Challenge viruses	Number of dogs per group	Years since last vaccine given (average)	Type of CPV-2 vaccine component	CPV titre at PC Day 0 (average log ₂)	CDV titre at PC Day 0 (average log ₂)	Age at challenge in years: range and (average)	Outcome (% protection)
CDV-SH, CPV-2b	10	4.5	CPV-2	6.3	6.6	4–8 (6.2)	100
CDV-SH, CPV-2c	10	5.5	CPV-2	7.5	8.4	5–9 (6.8)	100
CDV-SH, CPV-2c	10	5.9	CPV-2a	7.8	8.3	7–8 (7.3)	100
CDV-SH, CPV-2c	10	4.8	CPV-2	8.2	5.1	5–9 (6.8)	100

SH, Synder Hill strain; PC, post challenge.

Vaccine Dangers

Why is it important to understand Dr. Schultz's work? Because vaccines can create very real health problems in dogs. It is important that vaccines are only given when necessary because every vaccine has the potential to kill the patient or create debilitating chronic diseases including cancer and allergies.

Below is a list of potential adverse vaccine reactions, according to Dr. Schultz:

Common Reactions:

- Lethargy
- Hair Loss, hair color change at injection Site
- Fever
- Soreness
- Stiffness
- Refusal to eat
- Conjunctivitis
- Sneezing
- Oral ulcers

Moderate Reactions:

- Immunosuppression
- Behavioral changes
- Vitiligo
- Weight loss (Cachexia)
- Reduced milk production
- Lameness
- Granulomas/Abscesses
- Hives
- Facial Edema
- Atopy
- Respiratory disease
- Allergic uveitis (Blue Eye)

Severe Reactions triggered by Vaccines:

- Vaccine injection site sarcomas
- Anaphylaxis
- Arthritis, polyarthritis
- HOD hypertrophy osteodystrophy
- Autoimmune Hemolytic Anemia
- Immune Mediated Thrombocytopenia (IMTP)
- Hemolytic disease of the newborn (Neonatal Isoerythrolysis)
- Thyroiditis
- Glomerulonephritis
- Disease or enhanced disease which with the vaccine was designed to prevent
- Myocarditis
- Post vaccinal Encephalitis or polyneuritis
- Seizures
- Abortion, congenital anomalies, embryonic/fetal death, failure to conceive

Dr. Schultz summarizes his 40 years of research with the following:

"Only one dose of the modified-live canine 'core' vaccine (against CDV, CAV-2 and CPV-2) or modified-live feline 'core' vaccine (against FPV, FCV and FHV), when administered at 16 weeks or older, will provide long lasting (many years to a lifetime) immunity in a very high percentage of animals."

We understand vets are frightened because they have seen animals die and suffer from preventable disease. Vaccine-induced diseases are also deadly and they are also preventable. Our companion animals rely on vets to make the right decisions when it comes to vaccines. We are begging vets to stand up and take notice - our pets' lives depend on it.

Vaccine damaged dogs



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