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VACCINATION AND TITER ISSUES

By Guardian Angel Pat & Dixie



Because there are some dogs who react to vaccinations with more seizure activity, and because of growing evidence that vaccines themselves can trigger a deadly blood disorder in dogs, the movement to extend vaccine intervals and running titers is gaining ground.

Not everyone is familiar with the issues of overvaccination. There are many advocates (veterinarians) who advise against overvaccination and are running serum antibody titers instead to test for immunity.

Many of us (including me, personally) have given our dogs puppy shots and rabies boosters only, and are running serum titer levels to check immunity instead of vaccinating. In New York State, if proof of immunity can be demonstrated for rabies, exemption from boosters is granted. When my dog, Dixie, was recently due for her rabies booster I had Dr. Dodds run titers and her immune level was excellent for rabies. Our Vet wrote a note of exemption, and filed a copy with New York State. I then took a copy to our village offices, where Dixie's license is issued, and they just put it on file. No hassle.

IMMUNE TITER TESTING:

W. Jean Dodds, DVM, says that in her own practice, she only vaccinates when necessary. Rather than automatically giving boosters, Dodds gives annual titers, or tests, to check the level of antibodies (disease fighting cells) in the blood to determine if a vaccination booster is necessary. Though she expects that immunity would last for life, she says that titers offer "an added measure of security."

Dr. Dodds also says "Except where vaccination is required by law, all animals, but especially those dogs or close relatives that previously experienced an adverse reaction to vaccination can have serum antibody titers measured annually instead of revaccination. If adequate levels of titers are found, the animal should not need revaccination until some future date. Rechecking antibody titers can be performed annually, thereafter, or can be offered as an alternative to pet owners who prefer not to follow the conventional practice of annual boosters."

OPINIONS ON VACCINES AND ILLNESS:

Ronald Schultz, a veterinary immunologist at the University of Wisconsin School of Veterinary Medicine says: "As you get more and more (vaccines), the possibility that a vaccine is going to cause an adverse event increases quite a bit. If we can cause harm with a vaccine ... are we vaccinating too much?"

Dr. Dodds has the following to say about overvaccination, running serum titers, and vaccination guidelines in her

article entitled "CHANGING VACCINE PROTOCOLS". For those who are interested in reading or printing it out for your vet, Dr. Dodds' complete article can be found at the following link http://www.canine-epilepsy-guardian-angels.com/chang_vac.htm.

"In veterinary medicine, evidence implicating vaccines in triggering immune-mediated and other chronic disorders (vaccinosis) is compelling. The onset of adverse reactions to conventional vaccinations (or other inciting drugs, chemicals, or infectious agents) can be an immediate hypersensitivity or anaphylactic reaction, or can occur acutely (24–48 hours afterwards), or later on (10–45 days) in a delayed type immune response often caused by immune-complex formation.

Typical signs of adverse immune reactions include fever, stiffness, sore joints and abdominal tenderness, susceptibility to infections, central and peripheral nervous system disorders or inflammation, collapse with autoagglutinated red blood cells and jaundice, or generalized pinpoint hemorrhages or bruises. Liver enzymes may be markedly elevated, and liver or kidney failure may accompany bone marrow suppression.

Furthermore, recent vaccination of genetically susceptible breeds has been associated with transient seizures in puppies and adult dogs, as well as a variety of autoimmune diseases including those affecting the blood, endocrine organs, joints, skin and mucosa, central nervous system, eyes, muscles, liver, kidneys, and bowel.

It is postulated that an underlying genetic predisposition to these conditions places other littermates and close relatives at increased risk. Vaccination of pet and research dogs with polyvalent vaccines containing rabies virus or rabies vaccine alone was recently shown to induce production of antithyroglobulin autoantibodies, a provocative and important finding with implications for the subsequent development of hypothyroidism (Scott-Moncrieff et al, 2002)."

"Vaccination also can overwhelm the immunocompromised or even healthy host that is repeatedly challenged with other environmental stimuli and is genetically predisposed to react adversely upon viral exposure. The recently weaned young puppy or kitten entering a new environment is at greater risk here, as its relatively immature immune system can be temporarily or more permanently harmed. Consequences in later life may be the increased susceptibility to chronic debilitating diseases."

CHANGING VACCINATION PROTOCOL:

"As combination vaccines contain antigens other than those of the clinically important infectious disease agents, some may be unnecessary; and their use may increase the risk of adverse reactions....Annual revaccination for rabies is required by some states even though there are USDA licensed rabies vaccine with a 3-year duration. Thus, the overall risk-benefit ratio of using certain vaccines or multiple antigen vaccines given simultaneously and repeatedly should be reexamined."

STUDIES ON IMMUNE RESPONSE:

Dr. Dodds goes on to say that "a study of 1441 dogs showed that a recent study (Twark and Dodds, 2000), evaluated 1441 dogs for CPV antibody titer and 1379 dogs for CDV antibody titer. Of these, 95.1 % were judged to have adequate CPV titers, and nearly all (97.6 %) had adequate CDV titers. Vaccine histories were available for 444 dogs (CPV) and 433 dogs (CDV). Only 43 dogs had been vaccinated within the previous year, with the majority of dogs (268 or 60%) having received a booster vaccination 1–2 years beforehand. On the basis of our data, we concluded that annual revaccination is unnecessary.

Similar findings and conclusions have been published recently for dogs in New Zealand (Kyle et al, 2002), and cats (Scott and Geissinger, 1999; Lappin et al, 2002).", and that when an adequate immune memory has already been established, there is little reason to introduce unnecessary antigen, adjuvant, and preservatives by administering booster vaccines. By titering annually, one can assess whether a given animal's humoral immune response has fallen below levels of adequate immune memory. In that event, an appropriate vaccine booster can be administered.

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