



Burlington Veterinary Center Canine Vaccination Recommendations

In the past there have been many different vaccination recommendations in dogs and cats in the United States that have been based on the best available scientific information. For many years annual revaccination was considered the appropriate standard practice. However, in recent years there has been mounting evidence that annual revaccination of pets with certain vaccines is not only unnecessary but in rare cases, potentially harmful. The introduction of better vaccines and recent duration of immunity studies suggest that certain vaccines may provide more lasting immunity than previously appreciated. Leaders in the veterinary community believe the appropriateness of various vaccinations and the interval of administration are best assessed in conjunction with a complete physical examination and health evaluation. Here at the Burlington Veterinary Center we believe the health status of the individual pet and the pet's infectious disease risks should dictate the appropriate vaccine selection. In light of the latest evidence that annual revaccination for certain pathogens is no longer scientifically justified and our desire to avoid adverse vaccine associated events.

Burlington Veterinary Center recommends the following routine immunization program for our canine patients:

Core Vaccines:

Canine Distemper/Parvovirus/Infectious Hepatitis/Parainfluenza virus combination (modified-live or killed vaccine)

These organisms can cause severe life-threatening disease and the potential for exposure is considered high. Vaccination is highly recommended for all dogs.

Recommended vaccination interval: Beginning at 8wks of age, administered at 3- 4 week intervals until the puppy is 16 weeks of age. Then boosted one year later, and administered every 5 years thereafter.

Rabies Virus (killed vaccine)

The rabies virus represents a fatal risk to infected dogs and people. Vaccination is required by law in many states (including CT.).

Recommended vaccination interval: Administered at 12+ weeks of age and again one year later then administered at 3-year intervals thereafter.

Non-core Vaccines:

Borreliosis (Lyme disease) (recombinant vaccine)

The efficacy of the vaccine is believed to be limited to previously unexposed dogs (ie, dogs without previous natural exposure to ticks infected with *Borrelia burgdorferi*).

Experts disagree whether the vaccine is clinically effective. There is considerable speculation about the potential of these vaccines to be involved in adverse events.

Adverse event rates are considered to be moderate. *If the vaccine is to be used the recommended vaccination interval:* Administered at 9+ weeks of age repeated 3 weeks later and then boosted annually thereafter.

Bordetellosis bacteria (avirulent live vaccine)

The risk of exposure is considered to be high especially in kennel, shelter, show and breeder groups. The efficacy of the intra-nasal vaccines is considered to be moderate and adverse event rates are considered low. Administered at initial vaccination series and then annually thereafter. Recommended for dogs at high risk of exposure. Vaccination 2 weeks prior to suspect exposure is suggested.

Leptospirosis (killed bacterial vaccine, bacterin)

The risk of exposure to variants of this organism is regional, and generally seasonal, and impacted by the animal's lifestyle and or purpose. Virulence of the organism may be high and the pathogen is zoonotic (can be spread to people). Because there is no substantial cross-protection between Leptospirosis serovars new vaccines that contain those Leptospirosis serovars that are most likely to cause disease are needed. A high percentage of dogs may not respond to vaccination and adverse event rates are considered high and potentially severe.

Corona virus (modified live vaccine)

The risk of exposure is considered high in kennel, shelter, show and breeder groups. The virulence of the organism is considered low. The duration of immunity is considered short and the efficacy of the vaccine considered low.

Canine Influenza Virus (killed vaccine)

The risk of exposure is considered to be high especially in kennel, shelter, show and breeder groups. The efficacy of the vaccine is considered to be moderate and adverse event rates are considered low. Administered as an initial vaccination series repeated in 2 weeks the first year and then annually thereafter. This vaccination is recommended for dogs at high risk of exposure. Vaccination with the second vaccination in the series to be administered 2 weeks prior to suspect exposure is suggested.