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**VACCINATIONS IN VETERINARY MEDICINE - A NEW PERSPECTIVE**

**by David M. McCluggage, D.V.M.**

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The San Diego Veterinary Medical Society held a two day symposium May 6-7, 1995 titled *New Faces of Immune Mediated Diseases and Current Concepts in Vaccine Immunology*. The first day was devoted to immune mediated diseases, and the second day dealt exclusively with vaccinations in companion animals.

**Fred W. Scott, D.V.M., Ph.D.**, Cornell University, emphasized feline diseases and vaccinations. **Ronald D. Schultz, Ph.D.**, University of Wisconsin, covered canine immune mediated diseases and vaccinations. **David M. McCluggage, D.V.M.**, Chapparral Animal Health Center, Boulder, Colorado presented the holistic perspective on vaccinations.

**All three speakers agreed that there is no justification for current recommendations that emphasize the need for annual vaccinations.**

Dr. Scott indicated that until more data is available, veterinarians could safely recommend revaccinating for rabies every three years, and feline panleukopenia could be given every three, five or even every seven years. He did indicate that feline panleukopenia is an exceptionally effective vaccine, providing excellent immunity. He has a specific pathogen free (SPF) group of cats in which he has been following titers for feline panleukopenia, feline herpesvirus (Rhino tracheitis), and feline calicivirus. It is particularly significant that he is testing persistency of titers in SPF cats, because there is no exposure to natural infections which would boost titers following vaccination. He has seen protective titers for feline panleukopenia in 100% of the cats he has tested for four years following vaccination (they have not been re-vaccinated in that period of time). Feline herpesvirus has shown protective titers in 100% of the cats as well. Feline

calicivirus showed protective titers in 60% of the cats tested. It is interesting to note that titers actually increased slightly between the third year and the fourth year for calicivirus, although the percent of cats showing protective titers did not increase between the two years. The study is ongoing and he will continue to collect data on the cats in future years.

Dr. Scott also covered feline leukemia virus vaccines. Although **most feline leukemia virus vaccines are not particularly effective**, he did mention two that provided good protective titers in tested cats. They were Fel-O-Vac, Ft. Dodge Laboratories, and Fevaxyn-FeLV, Solvay Animal Health. Both showed what he termed a protective factor of 91%. He also emphasized that to control FeLV, testing and isolation of affected cats (not vaccinating) was the key factor. FeLV incidence has decreased since the introduction of the vaccines, but he could not say if that was due to vaccination or testing and isolating FeLV positive cats.

**Dr. Schultz believes that the only significant disease in dogs today is canine parvovirus. All the other diseases we vaccinate for have either decreased in incidence to fairly insignificant levels, do not provide good protection or have had no place in canine vaccine protocols from the beginning for various other reasons.** Killed virus vaccines are not as effective. Only high titer modified live virus parvovirus vaccines are capable of breaking through the lingering maternal immunity. He emphasized that between the time the maternal immunity begins to wane and when most parvovirus vaccines are capable of providing immunity can often be as long as 10-15 weeks. Maternal immunity often begins to wane at about five to six weeks, and the pups become susceptible to the disease. Even in the face of vaccinating with most parvovirus vaccines, the pup remains susceptible until about 16-22 weeks. This is the reason many vaccinated puppies develop clinical infections. **After 22 weeks almost any vaccine can provide immunity, but by that time, the dog's immune system is strong enough to fight off the infection.** Due to maternal antibodies blocking the development of vaccine induced immunity, it becomes critical to only use the high titer parvovirus vaccines. They are capable of breaking through the maternal immunity block and protect the pup. His favorite parvovirus vaccine is Intervet's Progard, and he also believes that Fort Dodge's Durammune is a good vaccine.

**He does not particularly advocate the use of canine vaccines other than rabies and canine distemper.** In specific situations where there is a risk of high exposure, he might recommend certain other vaccines. **Canine distemper is almost never seen any more, so the need to vaccinate for it is small.** Because of the severity of canine distemper, he still recommends vaccination. For legal and public health he advocates vaccinating for rabies.

A minimal vaccine protocol for veterinarians, according to Dr. Schultz, might be a monovalent parvovirus vaccine at about 8-10 weeks and repeated again at 12-14 weeks. He also recommended a monovalent canine distemper vaccine at 6-8 and again at 14-16 weeks. Rabies vaccine should be at about 12 weeks of age. He did not see the need to vaccinate for any of these diseases after the initial vaccine, unless the parvovirus vaccine

used earlier was not one of the two he recommended. Then he would recommend a single dose of one of the two parvovirus vaccines previously mentioned. **If the dog was older than 22 weeks, even if one of the less effective vaccines were used, he did not necessarily recommend re-vaccinating with one of the two high titer vaccines.**

Since canine distemper does not come as a monovalent vaccines, Dr. Schultz said that it would be acceptable to vaccinate twice with canine distemper/measles vaccine. **Dr. Schultz was not particularly impressed with the need to vaccinate routinely with any of the other canine vaccines that are available.** Animals known to have higher exposure to one of the several other diseases that have vaccines available could receive vaccination for those diseases. He gave minimal vaccine protocols for these vaccines as well. He mentioned that **leptospirosis is the vaccine that most commonly leads to anaphylaxis, and all of the leptospirosis cases that the University of Wisconsin has seen in the last few years was not due to the Leptospirosis strains present in the vaccines.**

Dr. Schultz discussed modified live versus killed vaccines, and believes that some MLV vaccines are necessary (eg. parvovirus) and should be used. At other times killed vaccines (eg. rabies) should be used when they are effective. He did not agree with the general view that killed vaccines are always preferable to MLV vaccines, because the first criteria for a vaccine is that is effective and provides immunity. Also, killed vaccines do contain a much higher level of virus particles. **Sometimes the immune response killed vaccines produce lead to immunopathological disease at time of infection rather than protection.**

**Dr. Schultz stated that there is no reason to vaccinate companion animals on an annual basis, unless it is used as a method to bring animals in for yearly exams.**

As a general rule, Dr. Schultz would prefer all vaccines be available as monovalent vaccines to allow for an individualized approach to vaccination. But, he does not see any scientific evidence that any of the currently available polyvalent vaccines are causing any problems with vaccine interference or immunosuppression.

Both Dr. Schultz and Dr. Scott believe that the killed rabies vaccines on the market provide good protection for the three year duration for which they are licensed, and probably far longer.

Dr. McCluggage covered the holistic perspective on vaccinations. He stated that veterinarians must re-educate the public about the importance of vaccinations as a method of maintaining their companion animal's health. He pointed out that there is good epidemiological evidence that most of the major diseases of man that are being vaccinated for declined primarily due to reasons other than vaccination. **Vaccines are certainly effective at times, but can never be expected to be as significant as good nutrition, proper sanitation and isolation of affected people or animals. Testing for diseases and isolation of carrier animals is far more effective than vaccination.**

He stated that we **must stop advocating yearly vaccines because of the harm we are doing to the animals we vaccinate.** He covered the homeopathic concept of "vaccinosis". **Vaccinosis is a disease entity that may be introduced through vaccinating animals or people. Once vaccinosis develops, there is a disturbance in the bodies vital forces that leads to symptoms of chronic disease that can be very difficult (and often impossible) to cure.**

Dr. McCluggage also stated that veterinarians should not vaccinate for diseases that have little mortality. Natural immunity provides far better immunity. Diseases that only produce morbidity should not be vaccinated for, due to the risk of vaccinosis and the allopathically recognized side effects such as immune mediated diseases and anaphylaxis.

Dr. McCluggage recommended that animals receive a vaccine protocol similar to Dr. Schultz's minimal vaccine protocol mentioned above, and that no boosters be repeated after the first series. He stated that **there are no good reasons to recommend annual vaccinations for our companion animals.** For clients Interested in a holistic approach, nosodes should be employed instead. Dr. McCluggage discussed alternative methods to run a profitable veterinary practice, including utilizing alternative modalities such as acupuncture and chiropractic medicine. He also pointed out that veterinarians can distinguish themselves from low cost clinics and vaccination clinics by advocating high quality individualized medical care.

By the end of the symposium it was clear that all of the speakers agreed that animals are over-vaccinated today. A new approach is needed or the general public will tend to lose confidence and the high degree of respect veterinary medicine currently enjoys.

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