

The AAHA Canine Vaccination Guidelines: 2017 Updates and Insights – Richard Ford, DVM and Link Wellborn, DVM (owner of 5 AAHA accredited hospitals in Tampa) February 4, 2018

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Recommendations for General Practice

Overdue for Vaccination

Antibody Testing (serology) vs. vaccination

Important website: aaha.org/CanineVaccinationGuidelines

Vaccination Recommendations for General Practice:

Core vs. Noncore

Initial core series

MLV or rDistemper

MLV Parvovirus

MLV Adenovirus-2

(+/-MLV Parainfluenza) – most sold vaccine in the U.S.; delivers low yield efficacy to the patient; mucosal route of delivery is better

Ideal 10 week window of vaccine delivery (6weeks to 16 weeks of age). Dr. Ford likes 8 weeks, 12 weeks and 16 weeks puppy vaccination protocol. Recommend that revaccination occur no sooner than every 2 weeks, because of non-specific cytokine interference may block proper immunization. The key goal is to be there with one dose of vaccine when the maternal antibodies have waned.

Vaccination does not equal immunization. If you stop vaccination at 12 weeks, the puppy is NOT immunized. Up to 15% of dogs at 16 weeks of puppies are not immunized because of lingering maternal antibodies; this is the reality. Often

this is in high pressure environments where there is high prevalence of parvo or distemper virus. In this case (e.g. Central Valley of California), a fourth dose at 18-20 weeks can be valuable in helping to deliver proper puppy immunization.
Minimum age to deliver rabies vaccination: 12 weeks.

Initial Vaccination Series and Adult Booster

Booster within one year. With the exception of rabies vaccine, veterinarians have considerable latitude in the selection and use of vaccines licensed for dogs.

Current recommendations: Re-vaccinate at an interval of 3 years or longer.

FAQs

Non-Core Vaccines

Leptospira

Lyme disease

Bordetella bronchiseptica

Canine influenza virus (H3N8 and H3N2)

Crotalus atrox (toxoid)

Therapeutic Biologics (New)

Canine Oral Melanoma Vaccine, DNA

Canine Osteosarcoma Vaccine has just been conditionally licensed

Canine B-cell lymphoma

Canine T-cell lymphoma

Canine Atopic Dermatitis (immunotherapeutic)

Mixed mammary tumor and mammary adenocarcinoma

And more

What is the most likely reason you would perform vaccine serology testing in your practice?

a. Pre breeding assessment

b. Owner requested 98% of 2000 veterinarians polled stated this is the reason why they performed vaccine titer testing

c. Prior history of adverse reaction

d. Assessment post-initial series

e. Chronic or systemic illness

Maternal Antibody Interference (window of susceptibility)-interference can go out beyond 12 weeks

15% of dogs have maternal AB interference

Ideally: test for antibody 2-4 weeks after the last dose in the initial series.

*Service you can provide to confirm that the vaccine status is current.

Certain breeds (e.g. Rottweilers and Dobermans) are not able to express the epitopes that activate the B-cells (unique to parvo virus) and therefore fail to respond to vaccine (called a genetic non-responder). American Pit Bull Terrier may be at increased risk?

Additional Indications for Antibody Testing:

- a. Assessment of post-initial vaccination series
- b. Genetic non-responder
- c. Assess immunity in dogs with no prior vaccination history
- d. Pre-breeding assessment
- e. Prior history of adverse reaction
- f. Chronic or systemic illness (chronic renal failure, Cushing's disease patients to confirm effectiveness of vaccination)

Think about the word PIE

If antibody titer is positive:

P ie (Distemper, Parvovirus, Adenovirus)

I nfect ed (Leptospirosis, Lyme disease, FIV in cats)

E xposed (Ehrlichiosis, Anaplasmosis, Canine Influenza virus, Rabies...rabies antibody titer is NOT indicative of protection; dog MUST be revaccinated per guidelines)