

New Updates on Vaccinations

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Vets in UK Speak Out Against Vaccination

Ten years after the start of the Canine Health Concern campaign to end annual vaccination, the following letter appeared in Veterinary Times, UK - at the end of January 2004. In the world of science, ten years is a very short time in which to expect a sea change. We and others whose dogs have suffered vaccine reactions; we whose beloved friends have died and suffered unnecessarily, have been pilloried and castigated for speaking the truth for long enough now. Time to take this letter to your vet; time to post it to other vets in your neighbourhood; time to show this letter to all the dog lovers you meet in the park or at classes. Time to get the truth out there once and for all. Time to stop our beloved animals suffering. Time to say 'YES!' - but not yet time to stop the campaign. We shall not be finished until annual vaccination is a thing of the past.

I dedicate this post to my own dear friends who had to die for this letter to appear in Veterinary Times: Oliver, Prudence and Samson, and to the thousands, or even millions, of animals and children whose lives have been terminated because people in scientific and veterinary communities saw a way to make a quick annual buck.

My respect and gratitude go to the courageous veterinarians who have signed the letter below.
Catherine O'Driscoll

Please feel free to cross post far and wide:

Dear Editor

We, the undersigned, would like to bring to your attention our concerns in the light of recent new evidence regarding vaccination protocol.

The American Veterinary Medical Association Committee report this year states that 'the one year revaccination recommendation frequently found on many vaccination labels is based on historical precedent, not scientific data'.

In JAVMA in 1995, Smith notes that 'there is evidence that some vaccines provide immunity beyond one year. In fact, according to research there is no proof that many of the yearly vaccinations are necessary and that protection in many instances may be life long'; also, 'Vaccination is a potent medical procedure with both benefits and risks for the patient'; further that, 'Revaccination of patients with sufficient immunity does not add measurably to their disease resistance, and may increase their risk of adverse post-vaccination events.'

Finally, he states that: 'Adverse events may be associated with the antigen, adjuvant, carrier, preservative or combination thereof. Possible adverse events include failure to immunise, anaphylaxis, immunosuppression, autoimmune disorders, transient infections and/or long-term infected carrier states.'

The report of the American Animal Hospital Association Canine Vaccine Taskforce in JAAHA (39 March/April 2003) is also interesting reading: 'Current knowledge supports the statement that no vaccine is always safe, no vaccine is always protective and no vaccine is always indicated'; '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 as well-developed epidemiological vigilance in human medicine that indicates immunity induced by vaccination is extremely long lasting and, in most cases, lifelong.'

Further, the evidence shows that the duration of immunity for rabies vaccine, canine distemper vaccine, canine parvovirus vaccine, feline panleukopaemia vaccine, feline rhinotracheitis and feline calicivirus have all been demonstrated to be a minimum of seven years, by serology for rabies and challenge studies for all others.

The veterinary surgeons below fully accept that no single achievement has had greater impact on the lives and well-being of our patients, our clients and our ability to prevent infectious diseases than the developments in annual vaccines. We, however, fully support the recommendations and guidelines of the American Animal Hospitals Association Taskforce, to reduce vaccine protocols for dogs and cats such that booster vaccinations are only given every three years, and only for core vaccines unless otherwise scientifically justified.

We further suggest that the evidence currently available will soon lead to the following facts being accepted:

- * The immune systems of dogs and cats mature fully at six months and any modified live virus (MLV) vaccine given after that age produces immunity that is good for the life of that pet.
- * If another MLV vaccine is given a year later, the antibodies from the first vaccine neutralise the antigens from the subsequent so there is little or no effect; the pet is not 'boosted', nor are more memory cells induced.
- * Not only are annual boosters for canine parvovirus and distemper unnecessary, they subject the pet to potential risks of allergic reactions and immune-mediated haemolytic anaemia.
- * There is no scientific documentation to back up label claims for annual administration of MLV vaccines.
- * Puppies and kittens receive antibodies through their mothers' milk. This natural protection can last eight to 14 weeks.
- * Puppies and kittens should NOT be vaccinated at less than eight weeks. Maternal immunity will neutralise the vaccine and little protection will be produced.
- * Vaccination at six weeks will, however, DELAY the timing of the first effective vaccine.
- * Vaccines given two weeks apart SUPPRESS rather than stimulate the immune system.

This would give possible new guidelines as follows:

1. A series of vaccinations is given starting at eight weeks of age (or preferably later) and given three to four weeks apart, up to 16 weeks of age.
2. One further booster is given sometime after six months of age and will then provide life-long immunity.

In light of data now available showing the needless use and potential harm of annual vaccination, we

call on our profession to cease the policy of annual vaccination.

Can we wonder that clients are losing faith in vaccination and researching the issue themselves? We think they are right to do so. Politics, tradition or the economic well-being of veterinary surgeons and pharmaceutical companies should not be a factor in making medical decisions.

It is accepted that the annual examination of a pet is advisable. We undervalue ourselves, however, if we hang this essential service on the back of vaccination and will ultimately suffer the consequences. Do we need to wait until we see actions against vets, such as those launched in the state of Texas by Dr Robert Rogers? He asserts that the present practice of marketing vaccinations for companion animals constitutes fraud by misrepresentation, fraud by silence and theft by deception.

The oath we take as newly-qualified veterinary surgeons is 'to help, or at least do no harm'. We wish to maintain our position within society, and be deserving of the trust placed in us as a profession. It is therefore our contention that those who continue to give annual vaccinations in the light of new evidence may well be acting contrary to the welfare of the animals committed to their care.

Yours faithfully

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