Australian Veterinary Association
Vaccination of dogs and cats

Policy

Vaccination protocols should be determined within a veterinarian–client–patient relationship, based on attributes such as duration of immunity of available vaccines and an individual animal's requirements.

Every animal should be immunised and each individual animal only as frequently as necessary. Current scientific consensus recommends that adult cats and dogs should be vaccinated with core vaccines[1] triennially where applicable.

Informed consent is important.

Core vaccines should be administered to all animals to protect them against severe, life-threatening diseases that have a global distribution.

[1] Dogs: Canine distemper virus, canine adenovirus and canine parvovirus.
Cats: Feline parvovirus, feline calicivirus and feline herpesvirus.

Background

Vaccination is one of the most common veterinary procedures undertaken in small animal practice. Vaccination programs have played an important role in preventing diseases and fostering early detection and treatment through regular clinical examinations during the life of the animal (Klingborg et al, 2004). Vaccination recommendations in the past were considered a simple part of animal care, but are now a complex and controversial issue (Klingborg et al, 2002). It is being recognised that veterinarians should aim to reduce the vaccine load on individual animals to minimise the risk of adverse reactions to the products (Day et al, 2007).

Although annual vaccination has long been considered standard practice in Australia, scientific information exists to suggest that the duration of immunity (DOI) delivered by many of the products available is variable, and may be significantly longer than 12 months.

Guidelines

- The Vaccination Guideline Group (VGG) of the World Small Animal Veterinary Association (WSAVA) recommends that vaccines be defined as core, non core or not recommended.
    - Core vaccines should be administered to all animals to protect them against severe, life-threatening diseases that have a global distribution.
        Dogs: canine distemper virus, canine adenovirus and canine parvovirus.
        Cats: feline parvovirus, feline calicivirus and feline herpesvirus.
    - Non-core vaccines are required by only those animals whose geographic location, local environment or lifestyle places them at risk of contracting specific infections.
        Dogs: parainfluenza virus, *Bordetella bronchiseptica* and *Leptospira interrogans*.
        Cats: feline leukaemia virus, *Chlamydia felis* and *Bordetella bronchiseptica*. Feline immunodeficiency virus vaccines may also be classified in this group.
    - Vaccines that have insufficient scientific evidence to justify their use are not recommended.

- The Australian Veterinary Association (AVA) believes that in most cases, core vaccines need not be administered any more frequently than triennially and that even less frequent vaccination may be considered appropriate if an individual animal's circumstances warrant it. However, local factors may dictate more frequent vaccination scheduling. These recommendations may be 'off label' for some vaccines.
- Individual animals will require assessment by a veterinarian to select the most appropriate vaccine and vaccination protocol. The veterinarian–client–patient relationship is important to fully understand the individual's needs.
- Revaccination recommendations should aim to create and maintain clinically relevant immunity while minimising the potential for adverse reactions.
- Because of maternally derived antibody and the variability in its level and duration between individuals, vaccines should ideally be administered two to three times to puppies and kittens, with timing of the final dose being variable but not earlier than the age of 16 weeks (the suggested age varies with the manufacturer and the vaccine). If cost is an issue and only one vaccine is possible, it should be at the age of 16 weeks or older.
- A booster vaccine should be administered approximately 12 months later.

- ‘Off label’ use of vaccines will require consultation with the pet owner for informed consent.
- An ‘annual health check’ is strongly recommended, even if animals are not to be vaccinated.
- Non-core vaccines target diseases that are of limited risk in a geographic region or, based on the lifestyle of the pet, help prevent against diseases that are a less severe health risk to infected animals.
- The decision to use non-core vaccines is made for individual pets based upon consultation between the veterinarian and owner.
    - Many non-core vaccines require annual vaccination.
- Vaccines that the WSAVA VGG considered in their 2007 report should not be recommended at that time included canine coronavirus, *Giardia* for cats and dogs, feline immunodeficiency virus and feline infectious peritonitis.
- At the time of vaccine administration the following information should be recorded in the patient’s permanent medical record:
    - date of vaccination
    - identity of person administering the vaccine
    - vaccine name, batch number and expiry date
    - site and route of administration.
- Adverse vaccine experiences are defined as any side-effect, unintended consequence or lack of protection associated with the administration of a vaccine product. This includes any injury, toxicity or hypersensitivity reaction associated with the vaccination, whether or not the event can be attributed directly to the vaccine. Any adverse event should be reported, identifying the product, animal and reaction involved, to the manufacturer and the Australian Pesticides and Veterinary Medicines Authority (APVMA) Adverse Experience Reporting Program.
- Recommendations for vaccination protocols should be determined within a veterinarian–client–patient relationship rather than by non-veterinarians such as within boarding facilities.

References

Day MJ, Horzinek MC, Schultz RD Guidelines for the vaccination of dogs and cats. Compiled by the vaccination guidelines group (VGG) of the World Small Animal Veterinary Association. 2007. Available at: www.wsava.org.

Klingborg DJ, Hustead DR, Curry-Galvin EA et al. AVMA Council on Biologic and Therapeutic Agents’ report on dog and cat vaccines. J Am Vet Med Assoc 2002;221:1401–1407

Schultz RD, Scott FW. Canine and feline immunization. Vet Clin North Am 1978;8:755–768.

Mouzin DE, Lorenzen MJ, Haworth JD et al. Duration of serologic response to five viral antigens in dogs. J Am Vet Med Assoc 2004;224:55–60.

Larson LJ, Schultz RD. Comparison of selected canine vaccines for their ability to induce protective immunity against canine parvovirus infection. Am J Vet Res 1997;58:360–363.

Larson LJ, Schultz RD. High-titer canine parvovirus vaccine: serologic response and challenge-of-immunity study. Vet Med 1996;91:210–218.

Abdelmagid OY, Larson L, Payne L et al. Evaluation of the efficacy and duration of immunity of a canine combination vaccine against virulent parvovirus, infectious canine hepatitis virus, and distemper virus experimental challenges. Vet Ther 2004;5:173–186.

Paul MA, Appel M, Barrett R et al. Report of the American Animal Hospital Association (AAHA) Canine Vaccine Task Force: executive summary and 2003 canine vaccine guidelines and recommendations. J Am Anim Hosp Assoc 2003;39:119–131.

American Animal Hospital Association. 2006 AAHA Canine Vaccine Guidelines. J Am Anim Hosp Assoc 2006;42:80–89.

Mouzin DE, Lorenzen MJ, Haworth JD et al. Duration of serologic response to three viral antigens in cats. J Am Vet Med Assoc 2004;224:61–66.

Richards JR, Elston TH, Ford RB et al. The 2006 American Association of Feline Practitioners Feline Vaccine Advisory Panel report. J Am Vet Med Assoc 2006;229:1405–1441.

Davis-Wurzler GM. Current vaccination strategies in puppies and kittens. Vet Clin North Am Small Anim Pract 2006; 36:607–640, vii.

Vallee B. Canadian Veterinary Medical Association adopts a new position statement on vaccination protocols for dogs and cats. Can Vet J 2008; 49:362–365, quiz 365.