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Current Issues in Canine Vaccination

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Canine vaccination

- Principles of vaccination
- Canine vaccinations
  - Diseases
  - Recommendations?
  - Concerns

Origins of Vaccination

Vaccination
vaccinus (Latin), relating to cows

1796

Edward Jenner – observed that milk maids did not develop smallpox

Hypothesised that this was due to prior infection with cowpox

Jenner vaccinated 8 year old James Phipps with cowpox

Then infected him with small pox

How do vaccines work?

- Vaccination works by mimicking natural infection
  - Uses components from infectious organism
  - Causes an immune response like real infection – without the associated disease
  - If an animal later encounters the real disease the body is able to produce a rapid protective immune response
  - Vaccines can be incredibly effective – e.g smallpox, rinderpest
  - Or not – e.g. HIV

How do vaccines work?

- Vaccines provide “active” immunity by stimulating the body to make immune cells and antibody

- In contrast “passive” immunity involves the transfer of immunity from one animal to another
  - Most commonly from a mother to offspring across the placenta or in milk in the first few days after birth
  - **This is important when we are vaccinating puppies**

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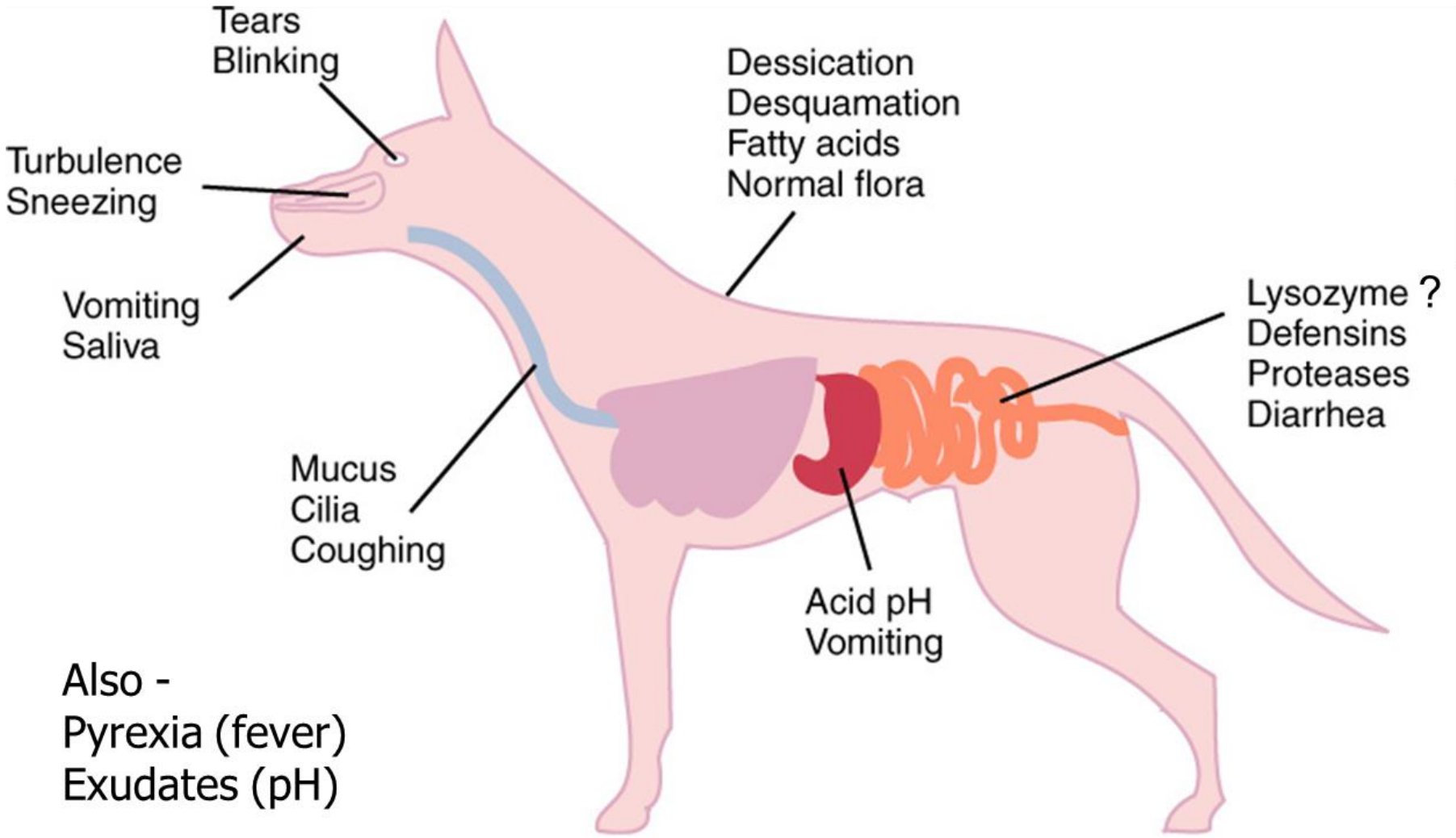
General barriers to infection



Also -
Pyrexia (fever)
Exudates (pH)

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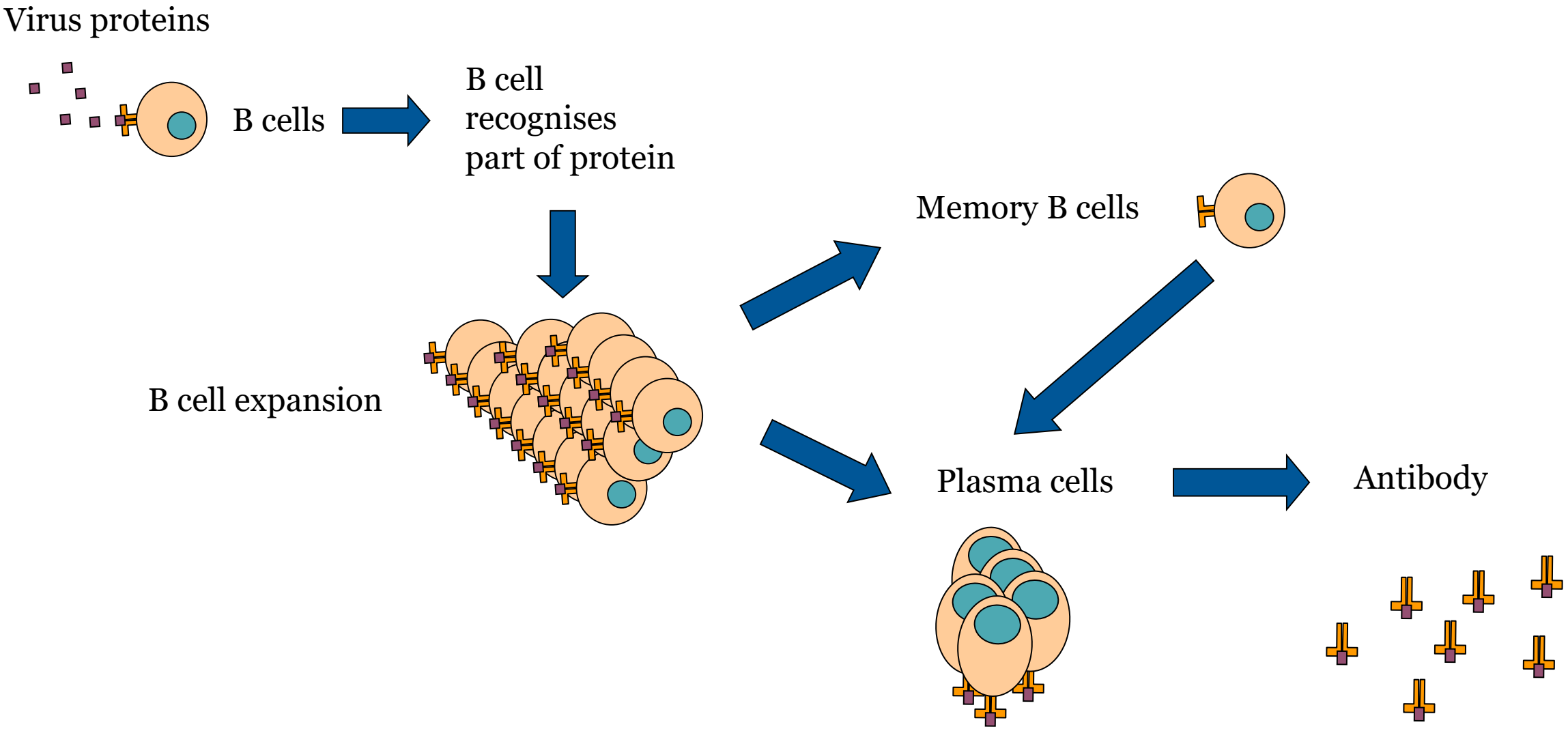
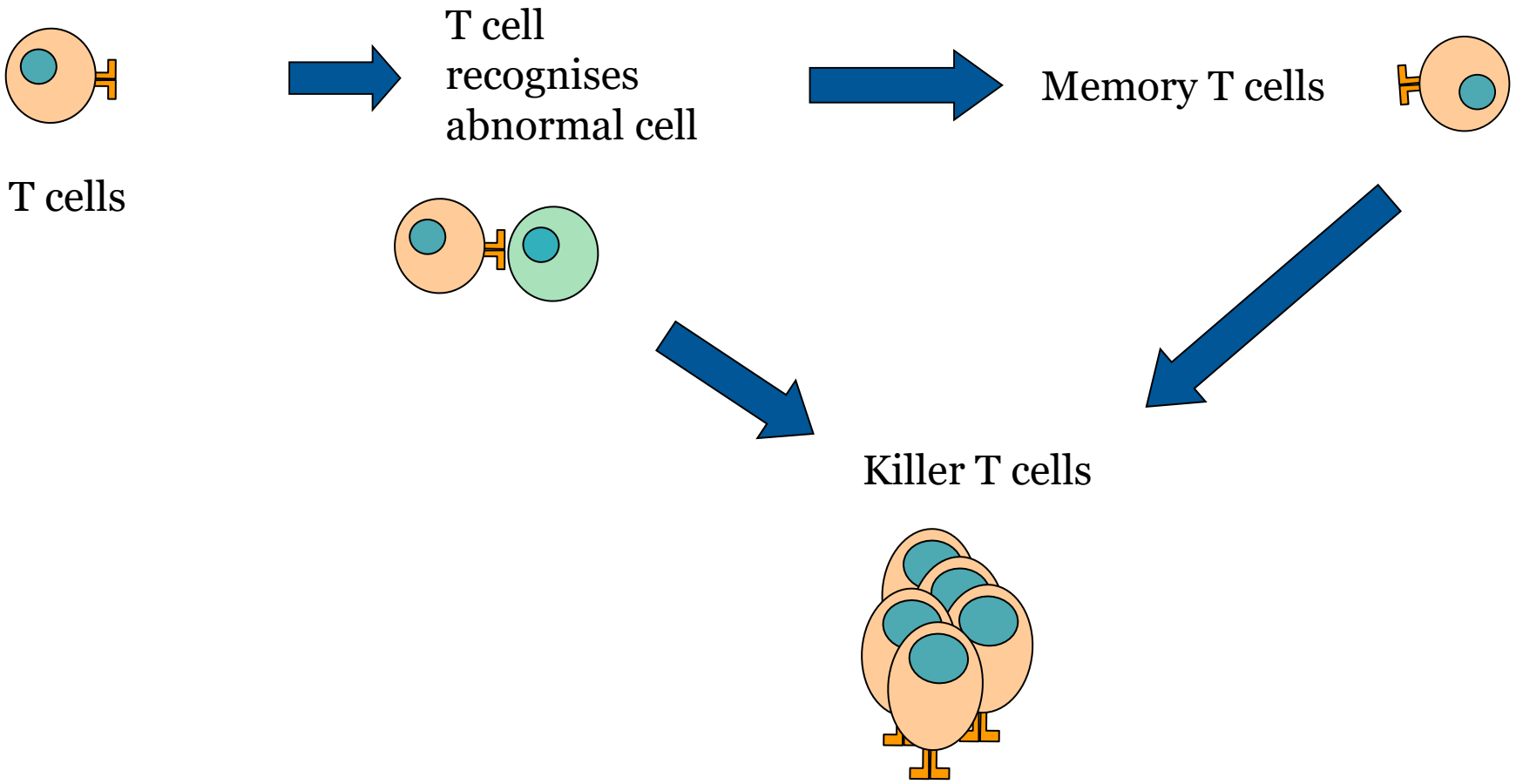
Active immunity: Antibody



Active immunity: Cellular Responses



https://youtu.be/ntk8XsxVDio

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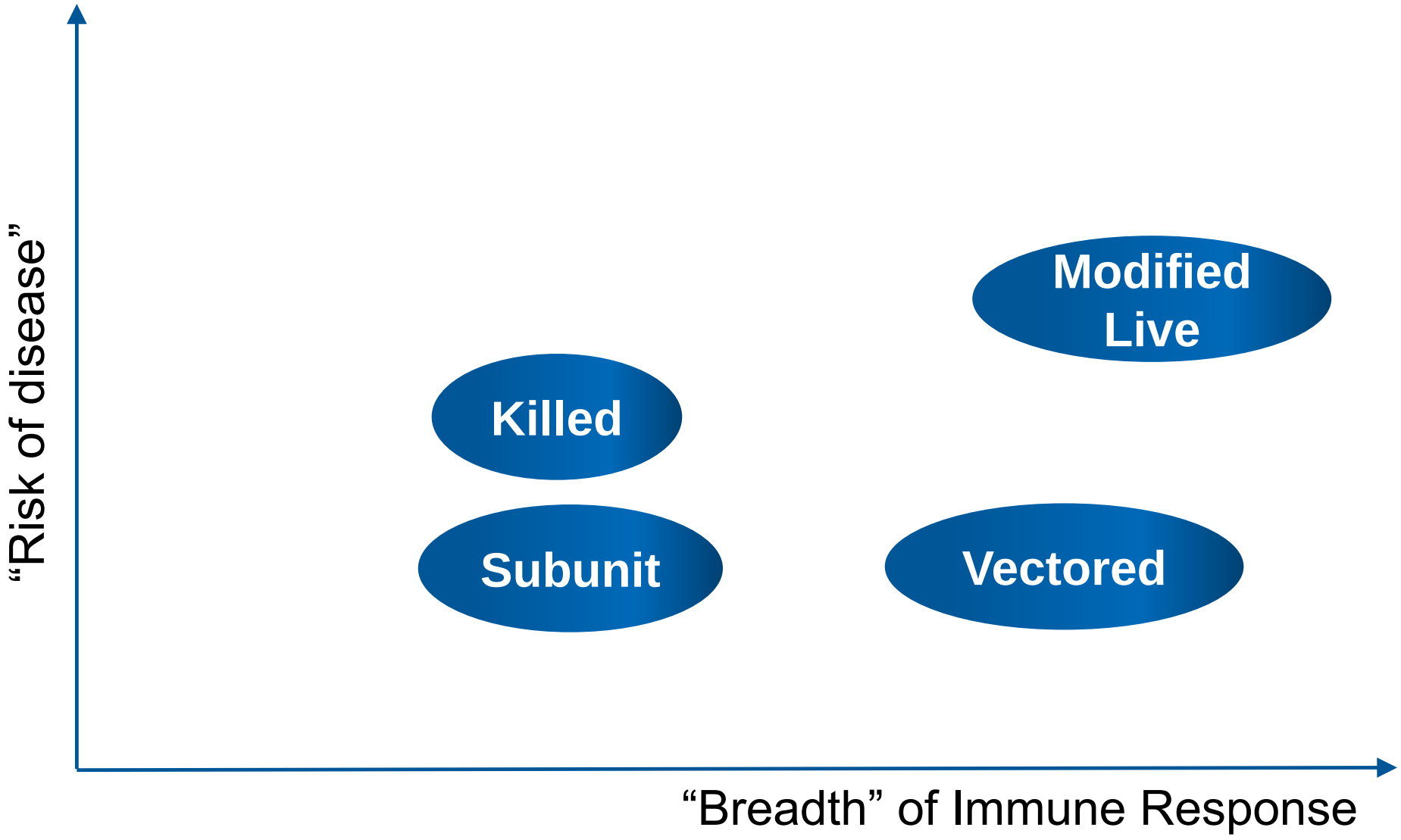
Types of vaccine



The ideal vaccine would…

Generate an immune response that protects all vaccinated animals against challenge by the infectious agent under natural conditions of exposure

- be safe
- induce protective immunity in [all] vaccinated animals
- induce a long lasting immunity
- be commercially viable

What are we vaccinating dogs against?

Core Vaccines

Parvovirus
Distemper
Canine adenovirus

Leptospirosis

The British Small Animal Veterinary Association (BSAVA) recommends that, in the UK, core vaccines for dogs include leptospirosis.

WSAVA classify this as non-core but recognise this differs between countries and regions

What are we vaccinating against?

Non-Core Vaccines

Bordetella bronchiseptica Kennel cough
Canine parainfluenza-3

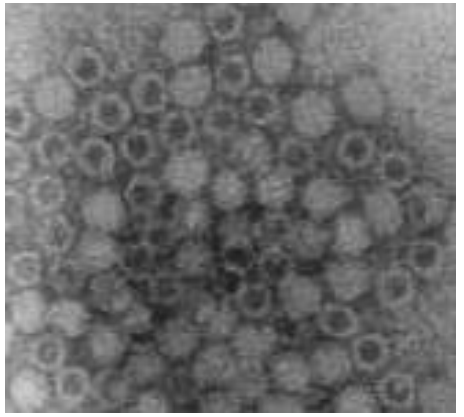
Rabies (where dogs travel to/from UK)

Other: Leishmania, Lyme Disease, canine herpesvirus

Canine Parvovirus

Key Features

- Small DNA virus
- Infect and kill actively replicating cells
  1. Fading Puppies
  2. Myocarditis in neonatal puppies (uncommon)
  3. Bone marrow → Depressed white blood cell counts
  4. Intestine → Enteritis → Vomiting & Diarrhoea
  5. Gut immune tissues → Immunosupression

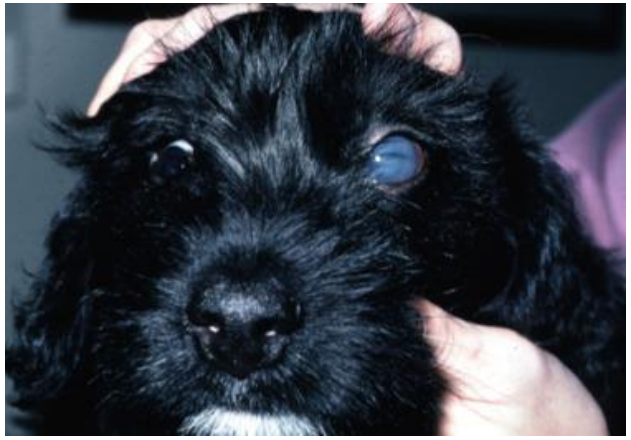


- Virus is hardy: transmitted by faecal/oral route and on food bowls etc (can survive for months in environment)
  - NB bleach diluted 1:30 is effective at killing CPV
- Vaccines are live attenuated

Canine Adenovirus

Key Features

- CAV-1
  - Acute severe liver infection
  - Vomiting, diarrhoea, abdominal pain, may be fatal
  - Can lead to more chronic disease (jaundice)
  - “Blue Eye”
- CAV-2
  - Kennel cough (with other infectious agents)
  - Typical “hacking” cough
  - Vaccines are live attenuated CAV-2



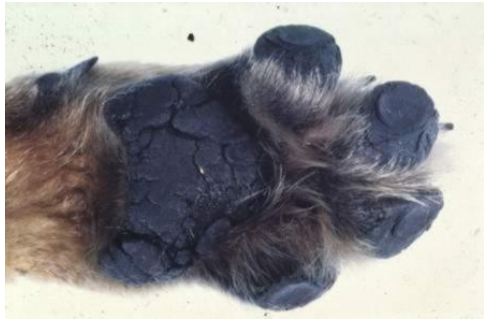
Canine Distemper Virus

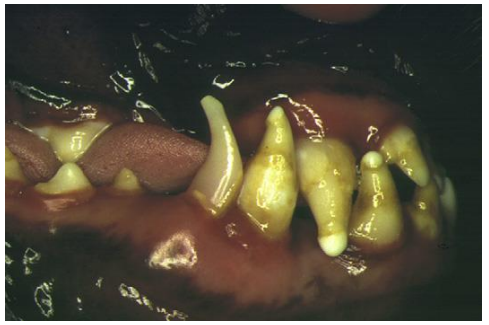
Key Features

- Virus related to measles
- Young dogs especially susceptible
- Transmitted by direct contact
- Pyrexia, depression
- Ocular and nasal discharge
- Cough
- Vomiting, diarrhoea
- Hyperkeratosis of nose/pads (“hardpad”)
- Live attenuated vaccine

Outcome

- May recover with supportive treatment
- May develop neurological signs (seizures etc) – typically with be fatal

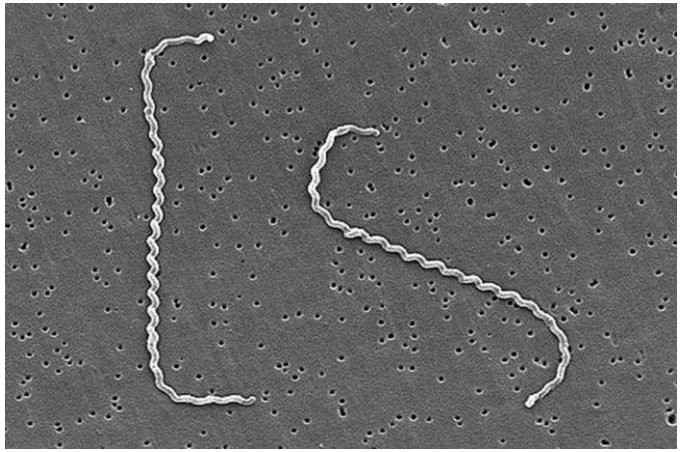




Canine Leptospirosis

Key Features

- Bacterial infection (*Leptospira interogans*)
- *L. canicola* and *L. icterohaemorrhagia*
- *L. grippotyphosa*, *L. bratislava (Australis)* [and *L. Pomona*]
- Bacteria spread through urine, carried by rodents especially and can survive in water for many months



- Range of clinical signs depend on “type”
- Acute kidney failure, hepatitis and pulmonary haemorrhage
- L2 vs L4 vaccines (killed bacterial vaccines)

Vaccination “protocols”

- Vary depending on the manufacturer’s recommendations
- Minimum age 6 – 8 weeks
- Boost 3 – 4 weeks later

- Vaccinate at 1 year of age

- Boost every 1 – 3 years

WSAVA Guidelines

- Vaccinate pups at 8-9 wk with core vaccines, again 3-4 wk later, **third vaccination at 14-16 wk**
- All dogs receive a booster at 12 months
- Booster vaccines every three years or longer

- Non-core vaccines (Leptospirosis) should ideally be administered after core vaccines in puppies
- Non-core vaccines (Leptospirosis, other) when used, require yearly boosters

Onset of immunity

Killed vaccines

- Minimum of two doses, two weeks apart plus 1 wk

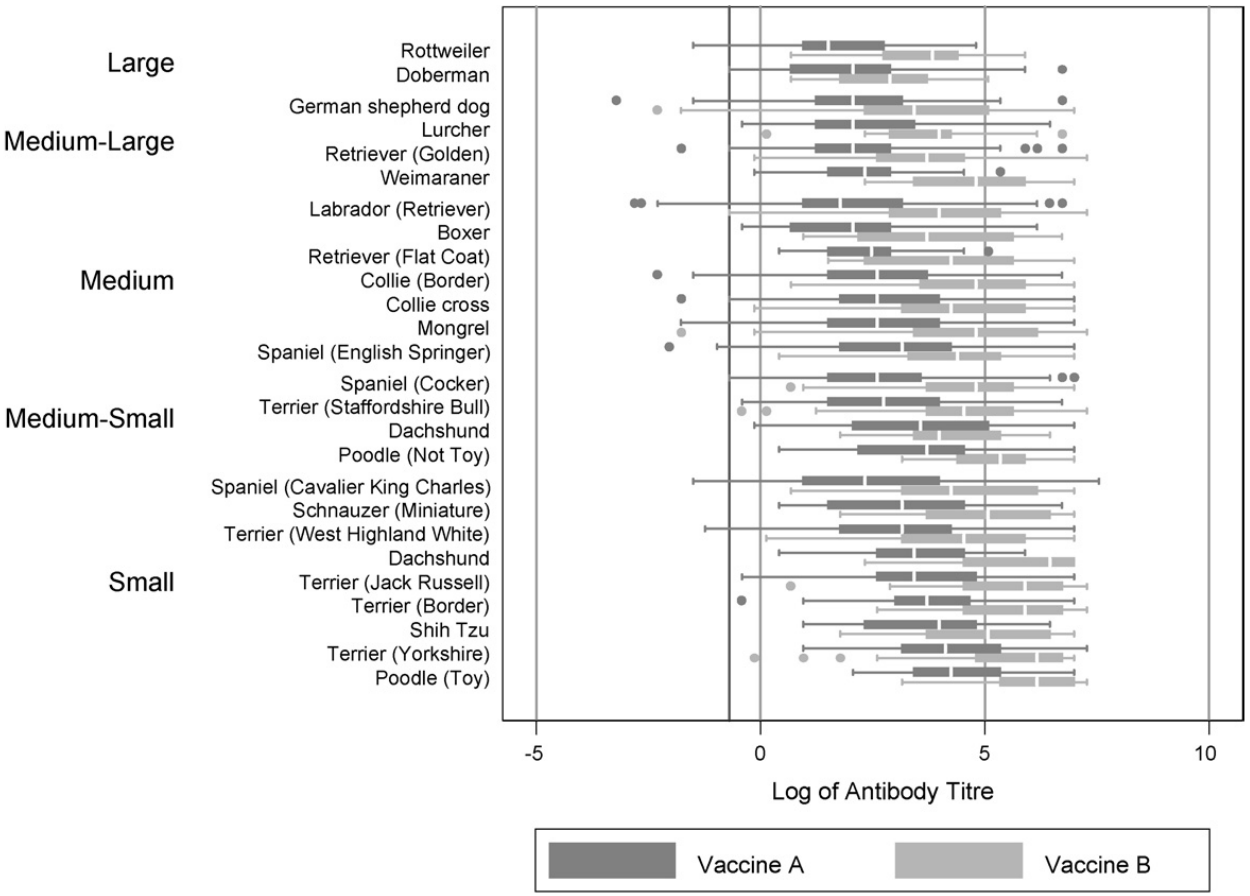
Live vaccines

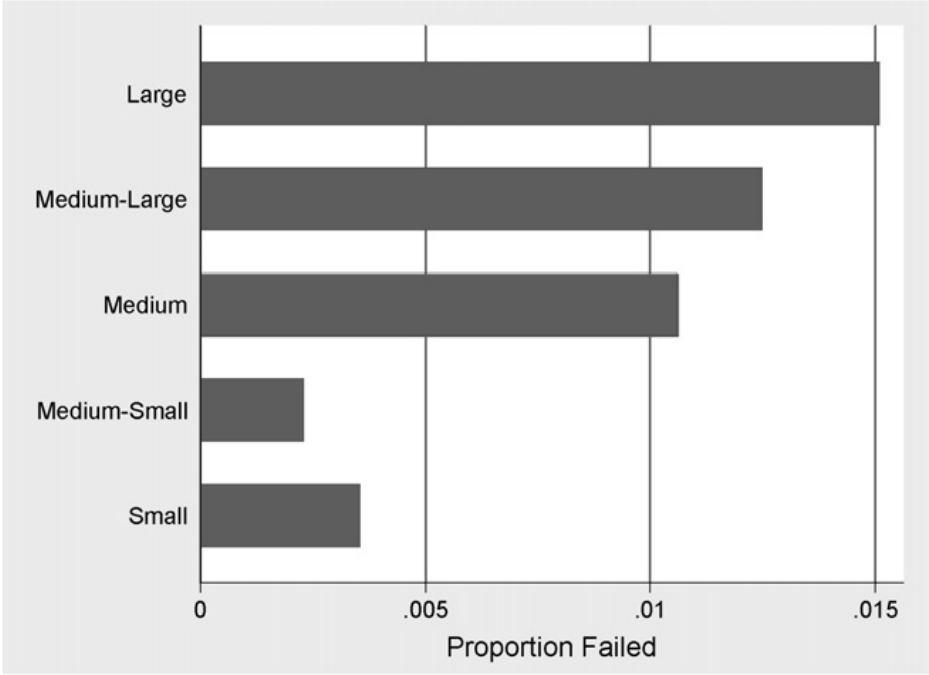
- In the absence of maternal antibody: 1 – 7d
- CDV: 1-2d
- CPV: 3d
- CAV: 7d

A small proportion of animals will not respond adequately to vaccination due to genetic factors (non-responders)

Response to vaccination

- Larger dogs responded less well to rabies vaccination
  - Kennedy LJ et al. (2007) Vaccine 25:8500-8507





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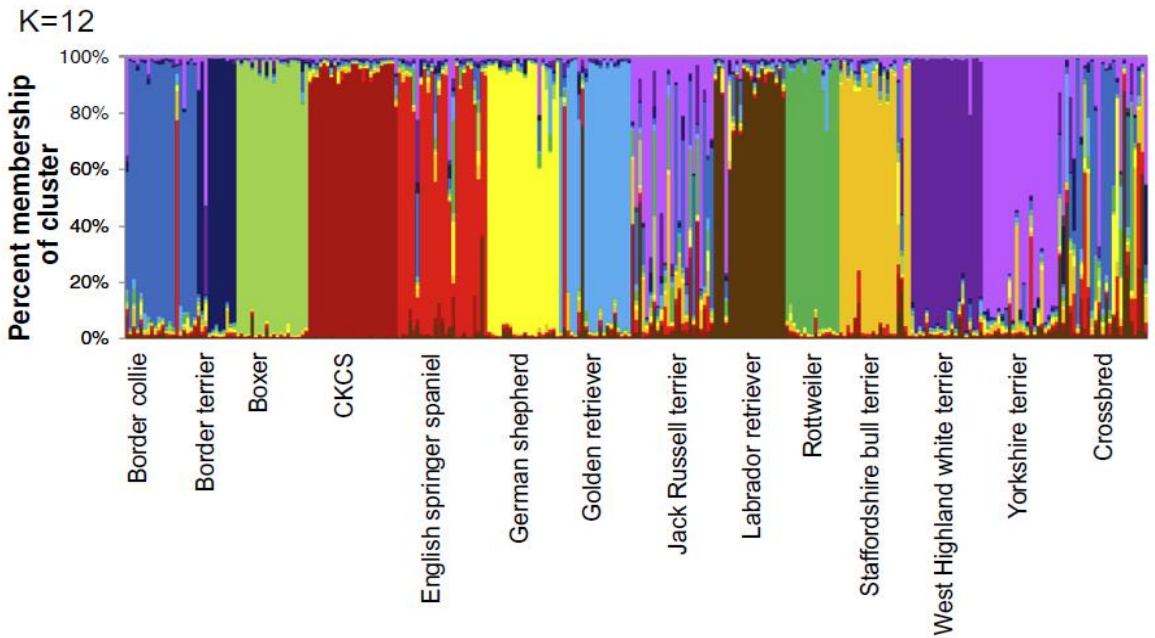
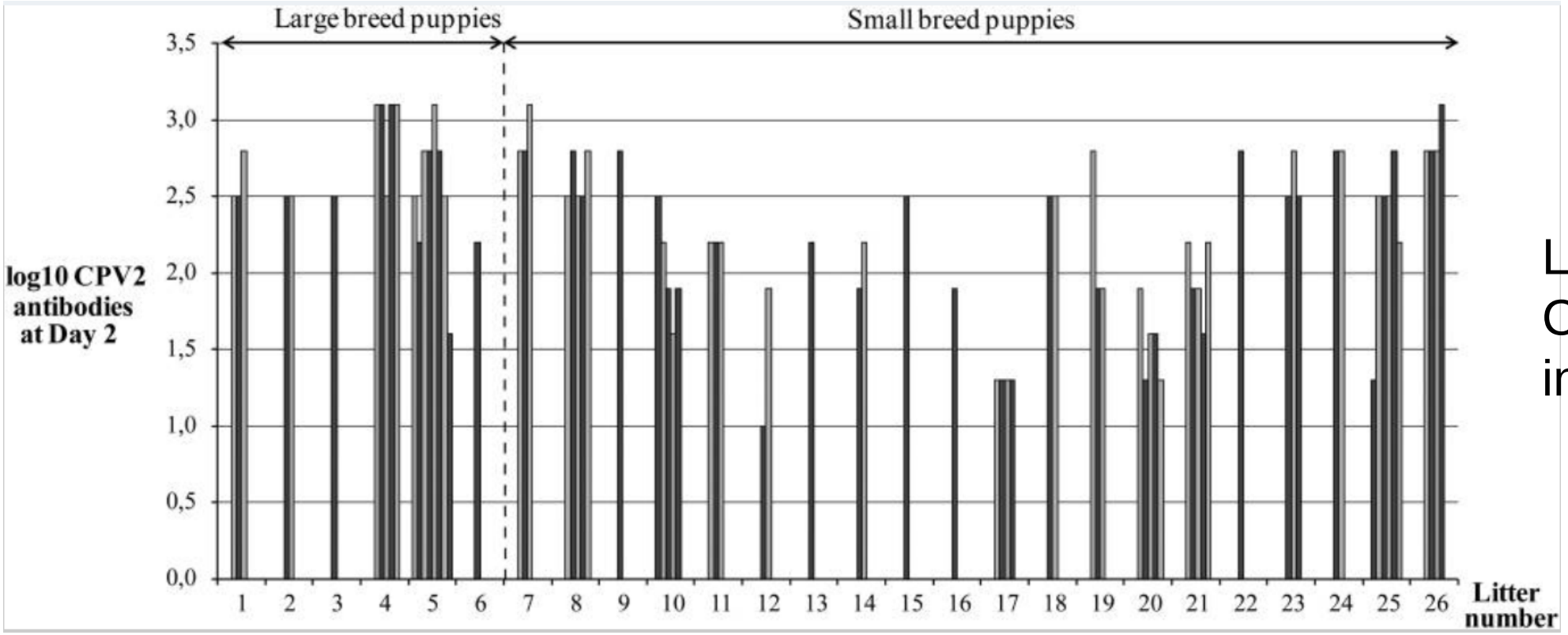
Canine genetics

- Genetic variability can be very different from breed to breed
  - Mellanby RJ et al. (2013) Vet J 196: 1392-97
- Likely to be highly restricted for IHW



Importance of maternal antibody

Puppies acquire antibody from their dam in colostrum up to 24hr after birth



Level of anti-CPV antibodies in puppies

Mila H, Grellet A, Desario C, et al. Protection against canine parvovirus type 2 infection in puppies by colostrum-derived antibodies. *J Nutr Sci*. 2014;3:e54. Published 2014 Nov 13. doi:10.1017/jns.2014.57

Importance of maternal antibody

Half life of antibody (in blood) is 10-13 days

Proportion of puppies protected from CPV2 infection (HI ≥ 1:80) depending on MDA level at 2 d of age

	Age of puppies (weeks)								
	2	**7**	**14**	**21**	**28**	**35**	**42**	**49**	**56**
Group A	21/34 (62)	14/30 (47)	5/26 (19)	0/26 (0)	0/25 (0)	0/25 (0)	0/25 (0)	0/25 (0)	0/25 (0)
Group B	45/45 (100)	44/44 (100)	41/44 (93)	34/44 (77)	24/42 (57)	10/44 (23)	9/44 (20)	2/44 (5)	0/43 (0)
P-value for each period of time	<0·001	<0·001	<0·001	<0·001	<0·001	0·011	0·021	0·531	–

n_i/n = number of puppies protected in the category considered/total number of puppies in the category (%).

Value of Titre Testing?

- In puppies
  - After final (third?) vaccine to ensure immunity is adequate
  - If not positive then re-vaccinate puppy
  - Consider possibility that pup is a non-responder

- In adults
  - Positive titre against CPV, CAV or CDV indicates vaccination not required
  - Negative titre does not necessarily mean dog is not immune but to be safe a booster is often recommended

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Concerns with vaccination?

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Concerns with vaccination?

- Of 2743 adverse events reported by VMD in 2013 in dogs, 206 were associated with use of a live vaccine, 177 with a mixed vaccine
- 118 of these were anaphylaxis (rapid allergic reaction)
- But over 8 million dogs in the UK owned as pets
- Estimates of:
  - 1 in 100 – 500 mild Adverse Events
  - 1 in 1000 – 5000 moderate Adverse Events
  - 1 in 5000 – 10000 severe Adverse Events

- Anaphylaxis more likely with killed vaccines

Concerns with vaccination?

Clinical Sign	Disorder type	Incidence Rate per 100,000 doses sold
Lethargy	Systemic	3.4
Emesis	Digestive tract	2.3
Hyperthermia	Systemic	1.7
Allergic oedema	Immune system	1.5
Injection site oedema	Application site	1.5
Anorexia	Systemic	1.3
Diarrhoea	Digestive tract	1.1
Injection site infection	Application site	1.1
Pale mucous membrane	Systemic	1.0
Injection site pain	Application site	0.8
Anaphylaxis	Immune system	0.8
Cough	Respiratory tract	0.7
Malaise	Systemic	0.7
Injection site reaction NOS*	Application site	0.7
Vocalisation	Behavioural	0.5
Lack of efficacy	Systemic	0.5
Loss of consciousness	Neurological	0.5
Ataxia	Neurological	0.5
Pruritus	Skin	0.4
Tachypnoea	Respiratory tract	0.4

*NOS – Not otherwise specified – i.e. not fully described

VMD position paper

Concerns with vaccination?

- Risk of autoimmune disease?
  - Vaccine-associated immune-mediated hemolytic anemia in the dog
    - Duval and Gieger JVIM 1996

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Leptospira vaccine safety?

- Least safe of the commonly used vaccines
- Least effective of the commonly used vaccines
- Less duration of immunity
- Risk of immunological reactions is higher in toy breeds
- L2 vs L4??

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Q & A

Q&A

With vaccinations, the first part of the vaccine suppresses the immune system for around a fortnight, then stimulates it for a further fortnight, therefore a second vaccine, if needed should be four weeks after the first. Why do so many vets recommend giving it within that second fortnight when there is a risk of over-stimulating the immune system, running the risk of triggering allergies and autoimmune diseases. Surely it is safer to wait for the four weeks?

Also surely safer to stagger the vaccines and not give non-core vaccines (if they are required at all) at the same time as the core vaccines as this too is running the risk of overloading an immature immune system, with the result that the dog is damaged for life.

Q&A

How prevalent is vaccination related puppy paralysis?

Is it known what element of the vaccine causes it, for example, is it the carrying agent or a component of the vaccine?

Is it more common in Lepto 4 or Lepto 2 ?