

VACCINATIONS—PART 4 HOLISTIC VET CONFERENCE--1996





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We were privileged to have two distinguished speakers on this subject: Dr. Jean Dodds and Dr. Ronald D. Schultz. To show that the debate on 'Modified Live Vaccines' and 'Killed Vaccines' is still a long way from being settled, both speakers gave us a better insight into the risks/benefits of present vaccine usage.

Dr. Jean Dodds

Dr. Dodds started the day off humming with her lecture on vaccinations and adverse reactions with the use of Modified Live vaccines.

In giving a little background she reported the differences in vaccine related reactions. There can be:

-  the acute hypersensitivity and anaphylactic reaction that occurs immediately ;
-  a reaction occurring between 24 - 48 hours after;
-  a delayed immunological reaction at approx. 10 - 28 days;
-  or even later as seen in canine distemper antibodies in joint disease in dogs and feline injection site fibrosarcomas.

(Ed note: many veterinarians only seem to recognize a reaction within a 24 hour period. After that they think it is impossible!)

Dr. Dodds listed a great number of symptoms that are related to adverse vaccine reactions. These include fever, stiffness and sore joints; neurological disorders and encephalitis; susceptibility to infections; high liver enzyme function with possible associated liver and / or kidney failure associated with bone marrow suppression and more.

Further, in her clinical experience she has seen modified live vaccine reactions associated with the development of transient seizures in puppies and adult dogs of breeds (and cross breeds) susceptible to immune mediated diseases. She also has seen a

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high increase of reaction in cats. In one study on a family of Golden Retrievers she reported that when pups were vaccinated with MLV almost entire litters tested positive for thyroid disorders before two years of age. Subsequently when pups were given killed and separated vaccines thyroid incidence dropped dramatically and occurred much later in life. Dr. Dodds is also researching the link between vaccine reactions and amyloidosis.

She warned us against the use of combination vaccines and said we should avoid the 'common practice' of multiple, simultaneous vaccination. Her research indicates that this practice is not only minimally efficacious but produces side effects which are unacceptable.

For all of you breeders out there, please make a special note. Dr. Dodds states that it is best to avoid vaccination 30 days prior to the onset of estrus, during the estrus cycle, during pregnancy and during lactation!! (Ed. Note remember that if you are still using a Modified Live vaccine—it can shed. So the above advice applies to your entire household, not just your bitch!!)

She also reminded us to avoid vaccination entirely in geriatric animals, sick or debilitated patients, and immuno-compromised animals.

She emphasized that there is no data to substantiate the need for annual boosters.

Her studies indicate that certain breeds of dogs are known to experience autoimmune disease triggered by vaccination! In particular she noted the Akita, Weimaraner, Standard Poodle, and Harlequin Great Dane, as being susceptible to this problem.

It was interesting to note she recommends that the dosage for killed vaccine, can and should be adjusted for body mass. (Ed note: see Dr. Schultz for a difference in opinion.)

In her opinion, totally unnecessary vaccinations include those for Lyme disease, corona virus, canine hepatitis, leptospirosis, bordetella, parainfluenza, FeLV, FIP, ringworm, and rota virus infection.

I was really happy when she suggested to the conference

attendees, two alternatives to conventional vaccination.

1. Monitoring Serum Antibody Titers:

It is possible to determine the virus-specific antibody titers for any viral disease of dogs and cats. Titer testing measures humoral immunity and many labs now offer this service. It is very important to ask for vaccine related immunity and to start at low dilutions when ordering the tests. Otherwise the labs will actually test for the active virus and the results would be distorted. (Ed. Note: generally I would test for only the serious viral diseases) If protective titers are found, the animal should not need revaccination until some future date.

2. Homeopathic Nosodes:

Dr. Dodds noted that Nosodes have been used successfully in Europe since the 19th century, and more recently have been introduced to North America. They are homeopathic remedies that offer a reasonable alternative to conventional vaccines—other than those that are required by law (e.g. rabies).

She pointed out that recent publications have documented the safety and efficacy of a homeopathic approach to protection against infectious disease of animals.

The work of: Dr. Christopher Day of England (studies include use of nosodes in dogs and cattle for protection against kennel cough and bovine mastitis); Dr. John Saxton of England (studies include the use of the canine distemper nosode for disease control); and the work of Dr. Singh of India (showing potent antiviral effect of homeopathic drugs when tested in vitro against two animal viruses and a variable degree of viral inhibition in vivo) were drawn to the attention of the conference.

The extent of the vaccinosis problem is largely unknown due to the failure of many vets and clients to report the incident. She urged all of us (that means you too, gang) to report vaccination reactions not only to the vaccine manufacturers but also the USDA

She did mention that the American Veterinary Medical

Association guidelines on the ‘Use of Alternative Therapies’ was last issued in 1988. She is hopeful that as more veterinary teaching institutes include courses in alternative therapies in their curriculum, increased awareness and an open mind for the practice of medicine will be forthcoming.

Dr. Ronald D. Schultz, Ph.D., D.V.M.

For those of you not familiar with Dr. Schultz I should mention that he is recognized as a pioneer in clinical immunology and vaccinology. As Professor and Chair of Department of Pathobiological Sciences at the School of Veterinary Medicine, University of Wisconsin-Madison his work is well known in both the allopathic and holistic veterinarian communities.

Wow! If you’re looking for someone with ‘authority’ to refer to the nonsense of annual boosters, get your ‘doubting Thomas’ to call on Dr. Schultz. Not only does he confirm that there is no science for this practice, he also warned of the possibility for law suits, if a Vet continues to recommend them. He pointed out that immunity to viruses persists for years or for the life of the animal.

He eloquently covered the many factors that can effect the immune response to a vaccine. The blocking effect of colostral antibody from the mother, the nature of the vaccine, the route of vaccination, the age of the animal, its general nutritional condition, concurrent infections, drug treatments—all may have an influence on the success of an immunization program.

Maternal antibody interference is the most common cause of vaccine failure. The fetus develops a functional immune system at 45 to 50 days into gestation. The level of maternal immunity at the time of birth will vary considerably, even among litter mates, but in general will stay high for 10 days to 2 weeks. A major cause for reduced immune response during the first week, is ‘hypothermia’. It is important that a temperature of 99° F be maintained during this critical time frame!

Between 2 week and 4 weeks, while still nursing, the immune system of the neonate grows and begins to take on its own duties. At the time of weaning, the immune system suffers from a decrease in nutrients and can be significantly lowered from a lack of Vitamin E and selenium. This is particularly true with ‘canned’ foods so it is better to start with ‘dry’ food. At 8

to 10 weeks, the neonate is closer to having an adult immune system. (Ed. Note: raw fresh food is of course best for weaning)

Because maternal antibodies can persist far longer than previously thought possible, Dr. Shultz strongly recommends that the last vaccination take place at 22 weeks for a puppy and 16 weeks for a kitten. There is new information that indicates that as many as 20% of dogs at 18 weeks have enough maternal antibodies to prevent successful parvo immunization. (Note: previously it was recommended that the last immunization in the series occur at 12 to 16 weeks of age).

Make sure your vet is aware of these new findings!!

Here's a real kicker. A major problem, especially for parvo, is that the virus is able to infect an animal with levels of maternal antibody even though the antibodies prevent active immunization!! There is generally a 2 to 5 week "window of vulnerability" and in heavy parvo environments, as much as a 10 week "window", when an animal can be infected with the virus but cannot be successfully immunized!!

On the question of modified live versus 'killed' vaccines, Dr. Schultz is of the opinion that both have a place in the immunization schedule. Currently, there are no absolute answers.

He felt that because MLV vaccines replicate in the host, they more closely resemble virulent viral infections and generally produce a stronger and more durable protective immune response than killed vaccines. This "better" immune response has a cost: a decrease in vaccine safety. Certain modified live vaccines can induce immunosuppression, may shed into the environment, and may revert to virulence or cause vaccine-induced disease.

Killed vaccines on the other hand, are safer but require a large antigenic dose, multiple immunizations and often the use of adjuvants that can cause an increase in systemic vaccine reactions. Also, killed vaccines generally produce weaker immune responses with a shorter duration than the modified live vaccines. Sometimes the immune responses they produce lead to immunopathological disease at time of infection rather than providing protection. With respect to dosages, he pointed out that at the cellular level, the same number of receptor cell

sites exist regardless of the size of the body, thus there is no justification for adjusting dosage quantities for different breeds of animals. (see Jean Dodds segment for a different opinion).

He does favor MLV for Parvo in high risk areas. He feels that 'killed' vaccine is too slow in providing immunization due to the need for multiple shots. He pointed out that the Parvo vaccine is expensive to produce, so the companies use as little as possible in each dose.

As modified live vaccines replicate in the body a "mini" dose is still effective. With killed vaccine, how much is enough? His research into the effectiveness of vaccines, has led to the manufacturers revising several of their formulas. He cautioned the audience not to dilute or split the dosage when administering any 'killed' vaccine.

With respect to nutritional deficiencies, someone in the audience asked about "Blue-Green Algae". Dr. Schultz commented that in his experience, there can be a danger of nutrient toxicosis. He knows of ponds in his area, with blue-green algae, where dogs that have jumped into a pond have suffered paralysis and in some cases have died.

In general, he felt that modified live vaccines when given to animals in good general health have no clinical indication of immunosuppression.

(Ed note: Dr. Dodds points out that the MLV trials by Dr. Schultz have only been tested on purposely bred Beagles and not breeds that are genetic and familial susceptible to suppression. She advocates "killed" vaccines.)



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