Vaccination debate heats up

We received these letters in response to “Seeing Double” in the October 2007 issue.

I can’t believe that Veterinary Economics is advocating twice-yearly vaccinations. You’re insane. Irrefutable damage occurs every time a needle is used to inject any patient—human or otherwise. The AVMA, AAFP, and AAHA are advocating three-year vaccines, even with the knowledge that three years isn’t needed and will undoubtedly be changing. Leading vaccine researchers are all advocating minimal vaccinations to imprint the genetics of the puppy or kitten and then using titer testing to see if and when the pet may ever need another vaccine. There’s a Veterinary Vaccine Injury Compensation Act for a reason.

Obviously, you don’t know anything about vaccinology or you’d understand that what you’re advocating is serious immune destruction. What you’re advocating isn’t only irresponsible, it’s unconscionable—that is, if you had a conscience.

Patricia Monahan Jordan, DVM, CVA, CTCVH
and herbology
Fall River, Mass.
N.C. State, ’86

How can you print a practice’s vaccine protocol that is just begging for a lawsuit? The AVMA, AAHA, and most veterinary colleges recommend a far less intense schedule (every three years only for core, and Bordetella isn’t core for dogs or cats). Your conscience should be screaming. We know that the vaccine schedule presented causes many illnesses and isn’t necessary. Maybe, to be fair, the author practices in an area with endemic epidemic leptospirosis of the specific serotypes that actually are in the vaccines; otherwise it is contraindicated to give leptospirosis vaccine.

Christina Chambreau, DVM
Baltimore
University of Georgia ’80

The unnecessary overvaccination of pets wasn’t addressed in your article. I was appalled. Your horrendous suggestion—to give vaccines twice yearly and so many vaccinations at a time—is contraindicated by AVMA guidelines. Consider the number of vaccine-related diseases I see almost daily in my practice. You should be ashamed to be a proponent of uneducated information that hurts pets instead of helping them. I’d refer to information from the American Holistic Veterinary Medical Association and the Academy of Veterinary Homeopathy for more accurate advice.

Martha Lindsay, DVM, CVH
North Andover, Mass.
Michigan State University ’79

A response from Veterinary Economics

Editors’ note: We love getting feedback from our readers, and we’re happy to challenge assumptions presented on our pages. Nowhere does that exchange play out to better effect than here, in our Mailbox department. However, we want you to trust what you read in our magazine, especially when it comes to medical information. Of course, Veterinary Economics doesn’t focus on clinical instruction, but it’s often impossible to separate medicine from management. And you should know that all medical information we provide is reviewed by a veterinarian—under the direction of our medical director, Dr. Tracy Revoir—to ensure clinical accuracy. When we received the letters on this page, we spoke to the author, Dr. Michael Rehm, and also asked Dr. Revoir to address the criticisms raised. Here’s her response:

Dr. Rehm’s vaccination protocol is based on a number of factors. First, he vaccinates against leptospirosis twice a year because the number of cases in his practice has increased since Hurricane Katrina in 2005 and it’s more difficult to sustain long-lasting immunity with bacteria than with viral vaccines. For dogs at high risk of Leptospira exposure, experts recommend vaccination every six to nine months, or at least yearly. Dr. Rehm also experienced a substantial increase in parvovirus cases after Hurricane Katrina. The number of cases has dropped since then, but he’s still seeing up to three times the number of cases that he did before 2005. He also sees about five cases of distemper per year. And his state (Alabama) requires yearly rabies vaccination. Dr. Rehm realizes that the infectious disease risk his patients face is not the same in other parts of the country, and that’s why he isn’t advocating his vaccination protocol for all practices.

The AVMA states that there are insufficient data to scientifically determine a single best vaccination protocol regimen for all animals; it recommends a customized approach to vaccination protocols—utilizing a veterinarian-client-patient relationship—as the safest and most effective way to address the diversity in patients presented for immunization. Though AAHA does recommend a three-year booster interval for core vaccines, it states that its guidelines and recommendations shouldn’t be construed as dictating an exclusive protocol, an AAHA standard of care, or a legal parameter; variations in practice may be warranted based on the needs of the individual patient.

We hope that the intrinsic message of Dr. Rehm’s article isn’t lost in this vaccination protocol debate. The point is that pets can enjoy longer, healthier lives with twice-yearly examinations and annual wellness screens—the components of which you determine.

Tracy Revoir, DVM
Medical Director, Veterinary Economics

Send comments to ve@advanstar.com.