

LEPTOMANIA

The Problem With Leptospirosis Vaccines

by Patricia Jordan, DVM, CVA, CTCVH, & Herbology
<http://www.seasidenaturalhealth.com/index.html>

[TheDogPlace](#) May 2010 - In several vaccine lectures that I have attended in the past four years, the most current information from our premiere veterinary vaccine researchers, Dr. Ronald Schultz (Immunologist) and Dr. Richard Ford, (Infectious Disease Professor, Clinical Director of NC College of Veterinary Medicine), is that Leptospirosis vaccines are not recommended vaccines.^{1,2} Dr. Ron Schultz, who lives in a Leptospira endemic area of the country, still does not recommend the Leptospira vaccines and does not vaccinate his own dogs.³



First let us look at information from the CDC website on the disease of Leptospirosis as it stands here in the United States. The most current CDC fact sheet states that Leptospirosis in humans is not a reportable disease in the United States. The few cases that occur are mostly traced to Hawaii which is not a part of the continental United States. The disease does occur more in tropical climates and is reported to have a fatality rate worldwide in humans of 1-5%. With most of the cases in the US occurring in Hawaii or in travelers that went to tropical destinations we can put the exposure of Leptospirosis in the US into proper perspective.⁴

Indeed while I requested the epidemiological information on Leptospirosis in the Commonwealth of Massachusetts prior to a lecture promoting Leptospirosis vaccines in dogs, I found that Massachusetts had never had even one case of Leptospirosis reported in humans since they started looking for Leptospirosis.⁵ There were no cases of Leptospirosis reports in dogs documented and confirmed for the Commonwealth of Massachusetts.

Again, I gathered this information for the purpose of properly understanding the true status of the Leptospirosis disease and the need for a preventative program within the veterinary clinical setting. Researching the areas of the world that are trouble spots of Leptospira exposure - Okinawa, Philippines, Sri Lanka, Malaysia, Indonesia, Brazil, Cuba, Guatemala, Borneo - most of the areas that suffer from this disease in a natural setting, have a number of common environmental parameters. One is standing water or flooding, post hurricane flooding and in tropical areas of increased water fall. US military personnel have seen infections with Leptospira when at duty in stations in tropical and subtropical locations. Another factor to consider with Leptospirosis is the presence of rat infestations. This can be found in slums of Brazil and the crowded areas of rat infested alleys of the NY Bronx, to the rat infested prisons of Malaysia. Sewer workers in China are exposed to Leptospirosis; post flood waters from hurricanes in Cuba bring predictable exposure to Leptospira.

There is also a seasonality of autumn associated with the disease. People and animals exposed to infected areas of water, ponds and smaller lakes, hunters and people taking part in water sports are at risk in selected reservoirs harboring pathogenic serovars of *Leptospira*. Occupations exposing the workers to animals - as in butchers and slaughterhouse workers - are at increased risk, as are veterinarians and farmers. One dairy maid in the UK lost a pregnancy at 23 weeks due to the first known case of human intrauterine exposure to *Leptospirosis*.⁶ A caution to handling the tissues of any animals that could become infected with pathogenic strains of *Leptospirosis* would be prudent to note; namely in cows, pigs, and dogs. Understanding the factors that increase the risk of exposure to *Leptospirosis* is necessary in understanding how to avoid *Leptospirosis* exposure.

Last year there was a report of the use of *Leptospirosis* as a biological warfare weapon in Somalia, the pathogen being added to the drinking water supply of soldiers.⁷ A newly reported reservoir of *Leptospira* in bats is also a matter of study.⁸ California sea lions and harbor seals have been found to carry *Leptospira* and Japan has found *Leptospira* in flying squirrels imported from the United States as pets from Texas.^{9,10} Other than these aforementioned areas, the fact is that the typical veterinary patient in the continental United States will not be at risk nor exposed to a pathogenic serovar of this organism that is nevertheless listed as the most rapidly growing zoonosis in the world.

Last year, the predictable season of post hurricane flooding and *Leptospira* exposure in Cuba was handled with the public prescription and use of homeopathy. This successful use of homeopathy for public health is documented with over 2.4 million people in Cuba administered two doses of homeoprophylaxis in 2007 by the Ministry of Health in Cuba. The doses of *Leptospira* nosode had been prepared at the Finlay Institute, a center dedicated to development and production of vaccines. Finlay Institute is a WHO qualified facility dedicated to research, production and development and produces high quality homeopathic products in addition to vaccines.¹¹ Understanding that there are much safer ways to address exposure to *Leptospira* in the example of a chemoprophylaxis also is important when the record of adverse events from *Leptospira* vaccines are discussed.^{12,13}

Outside the United States where recognized pathogenic serovars of *Leptospira* exist and certain workers are at higher risk for *Leptospira* infections, except for a few weak references of sewer workers and agricultural workers in Asia, people are simply not vaccinated against *Leptospirosis*. The reasons are:

1. the vaccines do not work to prevent infections
2. the vaccine is associated with adverse events that preclude their use¹⁴

So, if exposure to *Leptospirosis* is so specific, if there are known adverse events, and if there is a lack of protection from the vaccines in humans, why are *Leptospira* vaccines promoted for dogs in the United States, or in the United Kingdom or in Australia?

THE BAD VACCINE

There are over 230 serovars of Leptospirosis, only a few which are pathogenic.¹⁵ The vaccines are serovar specific and several factors are impacted by this information.¹⁶ First of all, any vaccine administered for specific serovars will only create agglutinating antibody to those specific serovars.¹⁷

Once vaccinated, the patient's serum can no longer be a useful record for diagnostic tests, as the serum antibody titer from the vaccine cannot be distinguished from antibody caused by natural infection. This leads to interpretation problems when trying to diagnose the presence of infection or disease..¹⁸

Records of multivalent vaccines lead to test results of antibody generation against serovars that were not even included in the vaccine to begin with.¹⁹ This, of course, means that antibodies came from natural exposure, and not from the vaccine. This leads to problems using the MAT titer test to even try and determine beyond doubt which serovar was the serovar of infectivity, if any.²⁰ If the production of antibody following vaccination were synonymous with immunity (which it is not) or immunization (which it is not) the obvious conclusion of this information is that vaccination does not even result in protection.²¹

Due to molecular mimicry with antigens, the unsettling factor for disease presence is complicated with cross reactivity of the antigens with many different disease organisms such as Syphilis, Lyme, Legionaries, HIV and autoimmune disease.²² Put simply, this means that it is difficult to distinguish between antibodies to this range of diseases. Testing of the patient suspected with a Leptospirosis disease is now done via the PCR DNA test for the actual organism retrieved from either blood or urine. Oregon State Veterinary Diagnostic laboratory and IDEXX now both advertise this PCR testing on the DNA of the actual organism.^{23, 24} One problem with the tests is to understand that you should not administer any treatment prior to obtaining test samples if you want a chance at retrieving useful information - as even one dose of antibiotics is able to turn a positive case to negative on the PCR test following treatment.²⁵ Any treatment will also render a test taken at a later date negative.

This would be a good time to let you know how easily Leptospirosis can be treated. Doxycycline is the antibiotic of choice. This antibiotic has the ability, even in renal compromise, to sterilize the urinary tract of Leptospira infection. Doxycycline can be administered to dogs with renal insufficiency and is effective in both the infection of the blood or urine stage, clearing the organism from the kidneys.²⁶

Since there are so many Leptospirosis serovars out there, and since the pathogenic strains vary, and since the vaccines cannot guarantee protection from infection, it would make better sense to not inject your dog with any Leptospira vaccines.

The trade offs to avoiding adverse events from vaccination - not the least of which can be renal failure within 48 hours of injection, or four years of dermatitis and pruritis - would be the human caretakers actually knowing their dog is sick with a pathogenic strain and

having their dog presented immediately for treatment.²⁷ To do this, animal guardians need to be aware of the symptoms of Leptospirosis in the dog.

Antibiotic treatment is quickly effective. The possibility of human infection from their dog disappears after the first day of treatment with antibiotics, so early detection of a real problem impacts human public health issues as well.²⁸ Doxycycline (chemoprophylaxis) is also used successfully to prevent human infections (weekly 200 mg for military personnel without previous exposure to Leptospirosis who are going for jungle training) when taken prior to the possibility of Leptospira exposure.²⁹

Vaccination with Leptospira is fraught with problems. Leptospira vaccines cannot even protect the dog from infection with Leptospira or renal colonization. Leptospira vaccines have little effect on the maintenance and transmission of the disease in the animal populations in which they are applied.³⁰ The Leptospira becomes the very source of infection of the humans in contact with the Leptospirosis vaccinated dog.³¹ There are several cases that I am personally aware of that, in the end, I could not say beyond any doubt that the Leptospira vaccine administered to the dog was not the actual reason for subclinical infection. Chronic shedding of the Leptospira in turn infected the humans living in the same household!

Read the paper on the use and overuse of veterinary vaccines leading to emerging public health issues and realize that use of Leptospira vaccines in dogs is an obstacle to public health!³²

In the case of a duck hunter contracting a case of Leptospirosis, following the epidemiological field study undertaken by the state of California and the inability to recover any Leptospira from the bodies of water, the question needs to be answered if the man became infected through transmission of the Leptospira from his vaccinated dog.³³

There is a cost associated with monitoring the environment to continue to assess the extent of any purported Leptospirosis serovars causing disease in a given population. To date there are no such programs set up as the scarcity of the disease economically makes Leptospira not a "priority" disease, not one that even needs to be tackled with vaccination. A successful vaccination program requires that the epidemiological studies are done to assess the extent of a problem and this is currently not even being performed.³⁴

The public and the veterinary doctors usually do not know that this vaccine does not confer immunity. Challenge studies are rarely done and the studies I have evaluated are conflicted and ineffective in measuring immunity in vivo^{35, 36} Production of Leptospira vaccines are expensive and labor intensive to the drug companies who must recoup the precious monies spent to have brought them to market. Is this enough of a reason to allow the adverse events that follow use of this troubled vaccine?

Most information available to the animal caretakers that come from self proclaimed “dog experts” on the internet are false. The marketing misinformation that recommends this vaccine is everywhere. Unfortunately this includes most of the advice available from veterinary run websites on the internet, and in the veterinary office in the brochures available to clients. I found one very fair column on the subject of Leptospirosis written by a retired veterinarian in Oklahoma, and a great article that even listed the contraindications for the Leptospira vaccines in dogs by a veterinarian in Bali - one place that has a serious Leptospirosis problem.^{37, 38}

Why is this? The truth is that veterinarians are painfully inept at discussing the facts surrounding Leptospirosis because the bulk of their information comes from the very drug companies that stand to profit or at least recoup the many monies this troubled vaccine has cost their corporations.

One serious problem veterinarians make is marketing conflict material for the drug companies. I have seen this misinformation published - not only in the local newspapers but also on the worldwide web. A Reidsville, NC veterinary facility that promoted the Leptospira vaccine in partnership with Pfizer was the source of one particular case.³⁹ The advice of our professional medical experts is seriously compromised and devalued when they do not perform due diligence in the release of misinformation marketing material. The conflict material included a telephone number to the veterinary facility, so I made a telephone call and heard the veterinary receptionist continue to disperse marketing misinformation. Where is truth in advertising? Truth is not even found at the very facilities that administer the jab!

Who then will be held accountable for the adverse events that follow the administration of Leptospira vaccines? Certainly not the corporations that make the vaccine, they have no license to censure.

I am including pictures of animals harmed by the Leptospira vaccines and a listing of those adverse events reported by the clients. Anaphylaxis, anorexia, fever, dehydration, autoimmune disease, digestive issues, limping, loud vocalization following vaccination, acute organ failure, renal failure, liver failure, pancreatitis, death, dermatitis, puritis, cancer, degeneration of soft tissue - all of these are reports following administration of the Leptospira vaccine.

Here is another important fact of vaccine use in general... vaccines are being linked to death, disease and chronic disability. Vaccines - because of the immunopathology they activate once the jab has been delivered - are responsible for the disease that results in those receiving the jab. Immune reaction to the soup of ingredients delivered in the jab result in autoantibody production.⁴⁰ Microbial antigens can also elicit autoantibody production.⁴¹ Indeed vaccines are now found to be responsible for autoantibody production, autoimmune disease, and cancer! The immunogenetics of autoantibody and autoimmune diseases are under genetic control; however the inciting disturbance to elicit gene response is from the jab itself.⁴² Vaccines lead to mutations of the genome, autoimmune disease in one generation leads to genetic disease in the next. Vaccines

generate genetic impact that not only determines the severity of the immune response in natural infections but also dictates response from tissue histocompatibility markers and the expression of autoimmune disease with repeated exposure to antigens with subsequent vaccine administrations. The histocompatibility markers on the tissues are also reactive to the results of the jab. The genetic compromise that occurs to anyone's genome receiving the jab has never been researched by the drug manufacturer's that produce vaccines and therefore prove that vaccine safety and efficacy have never been determined by the government regulatory agencies that license and unleash these products upon the populations.

Indeed, research is now available to show how the histocompatibility sites of human and animal tissues are reacting with vaccine-injected antigens that in turn are responsible for the adverse, lethal disease pathology that kills or dis eases the patient.⁴³ Indeed there are examples of the very vaccine antigen to immune cell response with both Leptospira and Lyme disease vaccines producing the same pathology as the natural infection itself.^{44, 45, 46}

To clarify, these vaccines can cause the disease pathology that we are vaccinating against. In some cases with viral vaccines they can even result in the viral disease itself.

This brings more understanding to the statement in the book 'Vaccination Examining the Record' by Judith A. DeCava: "a person not vaccinated has ONE RISK, catching the disease, where a vaccinated person has TWO RISKS; catching the disease and damage from the vaccine".⁴⁷ We now know that the vaccines have not been safety tested and they have not really been proven effective in providing true immunity. The immune system reactivity vaccines are responsible for can be the expression of the adverse events and diseases that follow vaccine administration.⁴⁸ Specific Leptospirosis severity may be associated with the intensity of the humoral immune response. Vaccines and previous natural exposure would determine this humoral immune response.⁴⁹ Therefore the "gene environment" which is impacted by every jab delivered can determine the T cell activation and immune complexes, auto antibodies and cytokine cascade that results not only with future natural exposure to antigen but with every additional jab delivered. The making of a "super antigen" and lethal consequences would at the hands of the vaccine administrators.⁵⁰ This is why Dr. Ron Schultz is on record with a minimal vaccine protocol and has said you better have a good reason for injecting because any time you inject you could kill the patient.

The hypothesis is that the disease of Leptospirosis is in actuality immune mediated.⁵⁰ I believe I have support of this in the reporting by doctors of the use of pulsed steroid treatment to save the kidney in cases where the symptoms are the very description of immune mediated dis ease itself. Patients that were treated with pulsed steroids were too far from immediate medical facilities and were treated in the field situations with high doses of pulsed steroid. Immunosuppressive dosing of steroids was able to save them from renal failure and the immune mediated pathology of the disease until they were able to reach critical care facilities and fluid support for the kidneys.⁵¹ This means the

antigens in the vaccine are just as capable of producing disease as in the natural infection because of the interaction of the antigen and the immune cells, is the disease!

Another factor now understood is that in direct opposition to the germ theory of Pasteur, it appears this is another example of the proof that Microbiologist Antoine Bechamp was correct about disease and the theory of "terrain". Terrain theory states that it is the individual's system that determines disease and the individual response to presentation of the antigen to the patient's immune cells. However, multiple administrations of vaccines hypersensitize the patient to a real crisis, and when antigen and immune cells collide, disease results.

So beware the medical professionals that are not Leptospirosis literate and are just promoting corporate marketing information. Misinformation seems to me to be the majority of Leptospirosis information available. Marketers - especially now in this tight economy - are engaging all of their "business resources" in order to generate revenue. Adverse event associated vaccine administration are a real boon to the coffers when the adverse events follow the cost of vaccinations.

Pfizer sponsored "scientific" papers on Leptospira are sponsored with "educational" grants in order to produce recommendations for vaccination of the dog without proof that the vaccine is safe or effective. They use words like "likely" and "appears" to ex-potentialize the nonexistent benefit of vaccination. They are "reaching" in their efforts to provide a benefit for vaccine use. They say these vaccines "appear" to be effective. They write off any adverse events from the vaccines stating "published data to validate these concerns are lacking because there is no independent mechanism to report vaccine reactions in the US".⁵²

The drug companies and the veterinarians that are paid as corporate mouthpieces can all hide behind this statement and all help keep independent mechanisms for reporting adverse vaccine events from manifesting by influencing government. The repeatable phenomena that continue to follow vaccinations are not merely "coincidences".

AA Pfizer mouthpiece states that "they would advise to strongly consider vaccination" because "they appear to work", yearly boosters "appear to be necessary". They admit that the weak spot is "vaccine development" and "diagnostic assays", that reemergence of this disease could very well be the result of vaccine programs!⁵³

When I pressed for the proof from Merial that their Leptospira vaccines did indeed provide an entire year of "immunity" they finally sent me an article that did not even test their vaccines. The company forwarded work from Intervet in the Netherlands. Intervet is the source of much conflict in the UK for mounting yearly marketing campaigns in order to advocate yearly vaccinations of pets, despite the fact this is not a recommendation from the World Small Animal Veterinary Association or our AVMA or AAHA, or in Australia. The paper that was supposed to prove the worthiness of the Leptospira vaccines was conflict material that also failed to properly test vaccinates in a method that would prove immunity. The paper was also not even using the Merial

vaccines in their study. The conflict work was performed at the Dept. of Bacteriological R & D for Intervet International BV in the Netherlands.⁵⁴

If you read the paper A Shot in the Dark about the scandal surrounding the push to vaccinate dogs in the UK with Leptospirosis vaccines, despite the lack of proof of the existence of a Leptospirosis problem. You will find out that the drug companies conspired to format a market for their product with only anecdotal evidence of the existence of any Leptospirosis problems.⁵⁵ What truthful information or facts do we really have to base due diligence on?

This problem of the drug company making a market for their product when a risk for the disease does not exist, or when there is a risk of vaccine induced adverse events, is not beneficial to the animals is counter-productive for animal welfare. A few examples of this happening in human medicine with Glaxo Smith Kline and the Hep B vaccine, the Merck Gardasil vaccine and the Bird Flu and Swine flu vaccines have all resulted in a call for investigations and criminal charges to be brought against the WHO.^{56, 57}

The WHO Vaccine Advisor, Juhane Eskola made over 6 million Euros researching vaccines he then advised the WHO to recommend for the recent swine flu “pandemic”. Similarly, the CDC Childhood Vaccine Advisor, Dr. Paul Offit made so much money with Merck making a rotavirus vaccine that he said “it was like winning the lottery”. Now Professor Ulrich Keil Director of WHO Collaborative Center for Epidemiology is admitting to PACE investigation that the vaccine advisors are often employees of the pharmaceutical companies and the WHO is only a screen for unearned commercial promotion of pharmaceutical products.

Indeed, even the US courts hearing the case of Lymerix vaccine damage and ordering the recall of the adverse event associated vaccine stated that the federal employees should never be allowed to consult in areas where they set federal policy. In veterinary medicine, many researchers are indeed employees of the pharmaceutical companies they become the mouthpiece for. Despite being on faculties of our leading veterinary institutions, many have their research grants supplied to them from the pharmaceutical industry.

Vaccine adverse events will remain anecdotal so long as government and industry continue to protect vaccine use. When the only safety or effectiveness studies come from conflict sources - those that stand to profit from the sale and use of the vaccines - we need to understand that corporate integrity or lack thereof is the only unit of measure.

This year another effort by Canine Health Concern in the UK is once again trying to stop the unethical marketing of vaccine protocols that are not within the standard of care for veterinary medicine and constitute fraud. This letter of concern has been signed by many veterinary professionals in the hopes that unsafe and dangerous vaccines are not promoted to the public from drug marketers.⁵⁸

The Leptospira vaccines are not safe. Pfizer gives ‘immunization support guarantees’ and this says, ‘buy ours it is the best’. As they talk about “serovar shifts” and discuss that “diagnostic assays are wrought with problems”; that they cannot explain how high MAT titers are obtained against serovars not even in the vaccines, that the vaccine itself can produce disease in the dog, you see quickly over a dozen ways to beat the ‘immunization guarantee’.⁵⁹

Cornell helped Pfizer with the “educational” paper and now, we see Cornell has a “better vaccine” as they have yet another idea how to make an effective Leptospira vaccine. Cornell disses the aluminum adjuvant used for a century in veterinary vaccines. The aluminum adjuvant; which has been in all the Leptospira vaccines even now to this very day, despite being found to cause cancer. Cornell is now reporting that the aluminum adjuvant used for five decades is now known to be “unreliable”. They say it “destroys the antigens structure” and that it “degrades amino acid sequence “. Did the aluminum do this to the genomes of the victims receiving these adjuvants? Apparently so as the WHO in 1999 declared these adjuvants, the same found in children’s vaccines, as “carcinogenic” in the IARC.⁶⁰

Cornell wants to take a whack at putting yet another Leptospira vaccine out there. Cornell’s Baker Institute of Animal Vaccines will make yet another type of vaccine and this one will be better, this one is made with genetically engineered bacteria genes from E. coli, this one will be safe, try this one.⁶¹ (January 25, 2010)

Understand that there is no backbone for support of vaccination. The most widely used statement from disease illiterate professionals marketing the vaccines is: “the long history of well established success that vaccines have been responsible for the control of infectious disease” is as long as the history of vaccine use and as much a figment of the promoter’s imagination as I have ever seen consistently appear as defense for vaccinologists. There is no proof that vaccines create immunity. Vaccines are linked to the generations of immune reaction diseases that now plague highly vaccinated populations. As my colleague Dr. Stephen Blake has said over and over, “never before in the history of man has there ever been a greater medical assumption more responsible for the death and disease than the use of vaccines as we know them today”.

Know the risks for natural infection, seek immediate treatment if your dog gets sick, and realize the germ is not the problem; the individual’s immune system is the determinant. Optimal nutrition is the key to immune health. Prior genetic damage from vaccines should be considered. Become proactive in the search for truth, never assume the medical professional performs due diligence. Poison is poison no matter if injections contain toxins, chemicals, heavy metals, viruses and microbial protein, antibiotics and fungi stats or genetically engineered monsters.

Having the “new thing” with genetically engineered products will not be proven any safer than the earlier poisons. Know the promoters will not perform due diligence in establishing safety, that our government to date accepts safety studies from this conflict

source and provides for no independent testing, that the vaccine-promoting professionals, the doctors, will not be expected to perform due diligence in the researching of these products and at this time still do not recognize the vaccine induced disease and adverse events nor report them to any independent monitoring system. Understand that they will unleash this vaccine without really knowing if the vaccine is safe or effective, just as they have for all the vaccines that have come before.

Intervet Schering Plough is revving up for their annual vaccine propaganda marketing in the UK again, promoting unsafe vaccines on the anecdotal evidence that there is even a need for the vaccine in the first place.⁶² The only protection from this marketing mania is to know the lack of science behind both the making and administration of these vaccines. Understand that the client will not have recourse against these marketing giants when their pets become ill. Understand that drug companies are responsible and yet are unable to be held accountable. To the vaccinologists out there, Dr. Ron Schultz says it is an indefensible practice. Culpable responsibility does lie in the hands of the administrator of the job. Only the informed animal owner will understand this so pass the information forward!

Dr. Jordan's website: <http://www.seasidenaturalhealth.com/index.html>

Dr. Jordon is part of a new public service group

www.veterinaryhomeopathyconsultants.com answering questions about veterinary homeopathy.

<http://www.thedogplace.org/Vaccines/Leptomania-10052-Jordan.asp>

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