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How are you keeping up - A look at changes in small animal vaccination practice



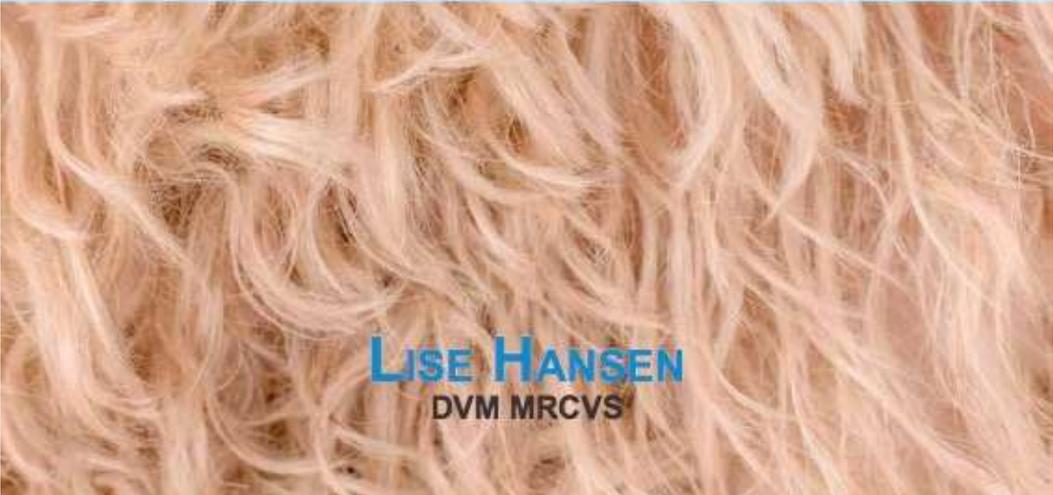
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The Complete Book of
CAT & DOG HEALTH



LISE HANSEN
DVM MRCVS

What we tell people

- Diet
 - Neutering
 - Parasite control
 - Vaccination
-
- *Have you checked the evidence recently?*

Neutering Dogs: Effects on Joint Disorders and Cancers in Golden Retrievers

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Abstract

In contrast to European countries, the overwhelming majority of dogs in the U.S. are neutered (including spaying), usually done before one year of age. Given the importance of gonadal hormones in growth and development, this cultural contrast invites an analysis of the multiple organ systems that may be adversely affected by neutering. Using a single breed-specific dataset, the objective was to examine the variables of gender and age at the time of neutering versus leaving dogs gonadally intact, on all diseases occurring with sufficient frequency for statistical analyses. Given its popularity and vulnerability to various cancers and joint disorders, the Golden Retriever was chosen for this study. Veterinary hospital records of 759 client-owned, intact and neutered female and male dogs, 1–8 years old, were examined for diagnoses of hip dysplasia (HD), cranial cruciate ligament tear (CCL), lymphosarcoma (LSA), hemangiosarcoma (HSA), and mast cell tumor (MCT). Patients were classified as intact, or neutered early (<12 mo) or late (≥12 mo). Statistical analyses involved survival analyses and incidence rate comparisons. Outcomes at the 5 percent level of significance are reported. Of early-neutered males, 10 percent were diagnosed with HD, double the occurrence in intact males. There were no cases of CCL diagnosed in intact males or females, but in early-neutered males and females the occurrences were 5 percent and 8 percent, respectively. Almost 10 percent of early-neutered males were diagnosed with LSA, 3 times more than intact males. The percentage of HSA cases in late-neutered females (about 8 percent) was 4 times more than intact and early-neutered females. There were no cases of MCT in intact females, but the occurrence was nearly 6 percent in late-neutered females. The results have health implications for Golden Retriever companion and service dogs, and for oncologists using dogs as models of cancers that occur in humans.

Vetsustain.org

Pet flea treatments poisoning rivers across England, scientists find

Discovery is 'extremely concerning' for water insects, and fish and birds that depend on them



▲ Research found chemical fipronil in 99% samples from 20 rivers in England. Photograph: Danny Lawson/PA

Highly toxic insecticides used on cats and dogs to kill fleas are poisoning rivers across England, a study has revealed. The discovery is “extremely concerning” for water insects, and the fish and birds that depend on them, the scientists said, who expect significant environmental damage is being done.

The research found fipronil in 99% of samples from 20 rivers and the average level of one particularly toxic breakdown product of the pesticide was 38 times above the safety limit. Fipronil and another nerve agent called imidacloprid that was found in the rivers have been banned from use on farms for some years.

There are about 10 million dogs and 11 million cats in the UK, with an **estimated 80% receiving flea treatments**, whether needed or not. The researchers said the blanket use of flea treatments should be discouraged and that new regulation is needed. Currently, the flea treatments are approved without an assessment of environmental damage.

The Guardian November 2020

- Job satisfaction for you
 - Job satisfaction for your staff
 - Attracts clients
 - Increases income
-
- Evidence based medicine

Feline injection site sarcoma



Vaccination guidelines

American Association of Feline Practitioners 1998, updated 2013

American Animal Hospital Association 2003, updated 2011

The vaccination Guidelines Group (VGG) of the World Small Animal Veterinary Association (WSAVA) 2007, updated in 2010 and 2015.

- Versions for breeders and dog owners in 2013 and 2015

World Small Animal Veterinary Association

WWW.WSAVA.ORG

In practice, March 2017;39,110-118

Small animal vaccination: a practical guide for vets in the UK



Michael J. Day is professor of veterinary pathology at the University of Bristol. He is a past-president of the BSAVA and currently chairs the WSAVA Vaccination Guidelines Group and the WSAVA One Health Committee.

Michael J. Day

Vaccination is an important and fundamental part of veterinary practice and in recent years there have been significant changes in recommendations for how vaccines are given. This article reviews the reasons that these changes have occurred and the scope and purpose of vaccination guidelines. The most recent guidelines were issued by the World Small Animal Veterinary Association (WSAVA) Vaccination Guidelines Group in 2015. The article discusses how veterinarians in the UK might adapt these global guidelines for national use and provides examples of how dogs and cats can best be vaccinated according to WSAVA recommendations. Vaccination should be just one part of a holistic preventive healthcare programme for pets that is most simply delivered within the framework of an annual health check consultation.

3 main reasons for guidelines: 'Drivers for change'

- 1) Recognizing adverse events such as FISS and canine immune-mediated diseases
- 2) Concern from the pet-owning public
- 3) Evidence-based veterinary medicine and 'the growing belief that delivery of fundamental practices such as vaccination should be based in the latest scientific thinking rather than historical anecdote'

What I recommend

Titre test all puppies at 4-6 months of age (following the puppy vaccinations)

Repeat titre test every 3 years. Only revaccinate against core diseases if a titre test is negative.

(if a titre test is negative, repeat one month after vaccination to identify vaccine nonresponders)

If a non-core vaccine is indicated, repeat annually.

Commonly heard...

- Side effects don't happen
- All dogs benefit from both core and non-core vaccines
- Titre tests are unreliable as they just show a moment in time
- Clients are not asking for titre tests. There is no demand
- Titre testing is too expensive
- Two puppy core vaccines at 8 and 12 weeks are sufficient



WSAVA
Global Veterinary Community

**Vaccination
Guidelines
Group**


GUIDELINES FOR THE VACCINATION OF DOGS AND CATS

**COMPILED BY THE VACCINATION GUIDELINES GROUP (VGG)
OF THE WORLD SMALL ANIMAL VETERINARY ASSOCIATION (WSAVA)**

M. J. Day¹, M. C. Horzinek², R. D. Schultz³ and R. A. Squires⁴

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The World Small Animal Veterinary Association (WSAVA) has issued guidelines to veterinary surgeons and dog owners which aim to ensure that dogs are protected from infectious disease, **while reducing the number of vaccines that are given routinely.**

Full guidelines are available at this link:

<http://www.wsava.org/guidelines/vaccination-guidelines>

‘The AAFP was primarily driven to developing vaccination guidelines when it was suggested that vaccines might be associated with the development of malignant tumours at vaccine injection sites. Until that time the accepted practice was to give every vaccine available to all dogs or cats at least annually and preferably in a combination product. **It was also widely believed that vaccines could cause no harm**’

‘We should aim to reduce the vaccine load on individual animals in order to minimize the potential for adverse reactions to vaccine products. For that reason we have developed guidelines based on a rational analysis of the vaccine requirements for each pet and proposed that vaccines be considered ‘core’ and ‘noncore.

..to reduce the unnecessary administration of vaccines and thereby further improve vaccine safety. This has necessitated a frame-shift in the mindset of veterinary practitioners in a culture in which both veterinarians and clients have become subservient to the mantra of annual vaccination’

‘Is there a risk of over-vaccinating a pet (e.g. injecting too often, or using vaccines that are not required for the specific pet)?

Yes. Vaccines should not be given needlessly, as they may cause adverse reactions. Vaccines are medical products that should be tailored to the needs of the individual animal.’

Ronald Schultz

Professor emeritus of Immunology and Virology at University of Wisconsin-Madison School of Veterinary Medicine. Founding president of American Association of Veterinary Immunologists.

Member of WSAVA Vaccine Guideline Group.



‘Vaccines have many exceptional benefits, but, like any drug, they also have the potential to cause significant harm. Giving a vaccine that’s not needed, creates an unnecessary risk to the animal.’

[Rottie totty](#)
 Much maligned, but beautiful in every way

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Shot in the dark?
 Reaction to the new lepto vaccine

News

Dog owners' concerns over dog deaths

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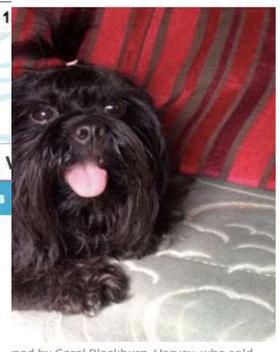
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Dog owners concerned as thousands of dogs dying or suffering

- Vaccination helps safeguard dogs from leptospirosis, which can be fatal
- Owners recommended giving vaccination to puppies from 8 weeks old
- Government regulator received 2,000 reports of fatal or severe reactions



ned by Carol Blackburn-Harvey, who sold CAN/NEWS SCAN

Manufacturer MSD Animal Health insists such cases are 'rare'

Leptospirosis Vaccine May Be Killing Dogs

by Kate Raines
 Published July 29, 2016 | Medicine, Pets

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STORY HIGHLIGHTS

- Leptospirosis is a treatable bacterial infection that can be contracted by dogs through contact with the urine of infected animals.
- Vaccinations against leptospirosis are associated with severe adverse reactions in dogs and have been linked to 120 deaths over the last two years.
- Although the infection is transmissible to humans, few cases are reported in

Leptospirosis is a bacterial disease spread through the urine of infected rats, wildlife, and canines. Although it is treatable with antibiotics if it is caught early, the disease can be fatal to dogs—particularly puppies and young animals. Symptoms can range from mild lethargy and depression, to more serious symptoms like abdominal pain, jaundice, and liver damage. Leptospirosis illness leads to death in approximately 20 percent of cases, usually because the early symptoms are common to many diseases and may go unrecognized.

According to the American Veterinary Medical Association's information of leptospirosis, symptoms may include "fever, shivering, muscle tenderness, reluctance to move, increased thirst, changes in the frequency or amount of urination, dehydration, vomiting, diarrhea, loss of appetite, lethargy,



© Alamy Stock Photo

Since 2014, the government's regulator for animal drugs, the Veterinary Medicines Directorate, has received 2,000 reports from owners of adverse reactions to Nobivac L4, including the suspected deaths of 120 dogs

Table 1		
Adverse Reactions Associated with Vaccination in Animals		
Severe Reactions (Rare to Very Rare)	Moderate Reactions (Uncommon to Rare)	Mild Reactions (Uncommon)
Injection site sarcoma	Immunosuppression	Lethargy
Anaphylaxis	Behavioural changes	Hair Loss
Polyarthritis, hypertrophic osteodystrophy (HOD)	Vitiligo	Hair colour change at injection site
Immune-mediated haemolytic anaemia (IMHA)	Weight loss	Fever
Immune-mediated thrombocytopenia (IMTP)	Reduced milk production	Soreness
Glomerulonephritis	Lameness	Stiffness
Disease or enhanced disease for the vaccine was designed to prevent	Granulomas/abscesses at the injection site	Refusal to eat (transient)
Myocarditis	Hives	Conjunctivitis
Post-vaccinal encephalitis or polyneuritis	Facial oedema	Sneezing
Seizures	Atopy	Coughing
Abortion, congenital anomalies, embryonic/fetal death, failure to conceive	Respiratory disease	Oral ulcers
	Allergic uveitis (blue eye)	Diarrhoea
	Skin disorders	Vomiting

Common reactions: >1 but <10 per 100 animals; uncommon reactions: >1 but <10 per 1,000 animals; rare reactions: >1 but <10 per 10,000 animals; very rare: <1 per 10,000 animals

‘Of course adverse reactions do occasionally occur following vaccination of dogs. Canine adverse reactions include relatively mild allergic events like hives and facial oedema occurring within minutes to hours after vaccination. Whilst these reactions are readily related to preceding vaccine administration, **it is more difficult to define the adverse reactions that occur a day, a week or months after vaccination.**’

‘It is generally only the adverse reactions that occur within the first few hours to a day after vaccination that are considered vaccine-associated by most veterinarians or owners. Even when the adverse reaction occurs shortly after vaccination there are many who fail to recognize that the vaccine caused the reaction. Certain adverse vaccine reactions are not observed until days, weeks or even months and years after vaccination or revaccination. The autoimmune disorders and the injection site sarcomas, which are among the rare vaccine adverse reactions, may not develop for years after being triggered by vaccines’

‘Certain of the small breed dogs have a greater likelihood of developing immediate hypersensitivity reactions (an immunological adverse reaction) after vaccination than do many of the large breed dogs. However, every breed has individuals that can develop such reactions post-vaccination. It has been suggested that the killed bacterial vaccines (bacterins) like Leptospira, Bordetella, Borrelia or the killed adjuvanted viral vaccines like rabies virus vaccines may be more likely to trigger an immediate hypersensitivity reaction than are the MLV vaccines; however, every type of vaccine can and does have the ability to trigger an immunological reaction in high risk animals.’

> [J Am Vet Med Assoc. 2015 Nov 15;247\(10\):1139-45. doi: 10.2460/javma.247.10.1139.](#)

Incidence Rates and Risk Factors for Owner-Reported Adverse Events Following Vaccination of Dogs That Did or Did Not Receive a Leptospira Vaccine

[Peng Ju Yao, Nicole Stephenson, Janet E Foley, Chuck R Toussieng, Thomas B Farver, Jane E Sykes, Katryna A Fleer](#)

PMID: 26517617 DOI: [10.2460/javma.247.10.1139](#)

Abstract

Objective: To determine incidence rates (IRs) and potential risk factors for owner-reported adverse events (AEs) following vaccination of dogs that did or did not receive a Leptospira vaccine.

0,0/0

Risk factors: Lepto included x2, <3 years old x2, toy breeds x9

‘Good scientific data on the prevalence of vaccine reactions in man and animals simply do not exist. The main reason for this relates to the fact that not all such events are recorded’

'Adoption of new guidelines is not simply about minimizing the risk of adverse reactions – it is about practicing better, evidence-based veterinary medicine and only performing a medical procedure (i.e. vaccination) when this is required.'

Core vaccines

- Distemper
- Adenovirus
- Parvovirus
- (Rabies)

'The most important message of the VGG is encapsulated in the following statement:

We should aim to vaccinate every animal with core vaccines, and to vaccinate each individual less frequently by only giving non-core vaccines that are necessary for that animal.'

‘With regard to adult dogs, it is important to ensure they are vaccinated correctly with core vaccines, but that they are not overvaccinated or receive unnecessary non-core vaccines’

WSAVA 2015 Vaccination Guidelines for the owners and breeders of dogs and cats page 45

‘Above all, it must be remembered that even a 3-year license is a minimum DOI for core vaccines and for most core vaccines the true DOI is likely to be considerably longer, if not lifelong, for the majority of vaccine recipients.’

WSAVA 2015 Guidelines for the vaccination of dogs and cats page 5

'The VGG strongly supports the concept of regular (usually annual) health checks which removes the emphasis from, and client expectation of, annual revaccination.'

The Annual Health Check

- Does this animal need non-core vaccines at all?
- Is this animal still protected from previous core vaccines?

‘Adoption of the current vaccination guidelines will minimize the risk of adverse reactions occurring in your pet following vaccination. Decisions made in consultation with your veterinarian related to core versus non-core products, frequency of administration and avoidance of adjuvanted products (where possible) are all steps towards minimizing risk’

WSAVA 2015 Vaccination Guidelines for the owners and breeders of dogs and cats page 55

'What happens to the antibody titre over the 3-year period post-vaccination?

For CDV, CAV-2, CPV-2 and FPV the antibody titre will be consistently present at similar titre. This has been shown in numerous field serological surveys of dogs last vaccinated up to 9 years previously and in experimental studies for dogs last vaccinated up to 14 years previously.'

‘Can we test dogs as an alternative to vaccination?’

Yes, certainly. There are now well-validated in-practice serological test kits that permit determination of the presence of protective serum antibody specific for CDV, CAV, CPV-2 and FPV. These kits are used to confirm protection at 3-yearly intervals (instead of automatic revaccination for core diseases). You could perform serology annually, but if you were to collect and analyze the data that you generated within your practice, you will quickly find that annual testing is unjustified.’

PAPER

Long-lived immunity to canine core vaccine antigens in UK dogs as assessed by an in-practice test kit

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OBJECTIVES: To determine the utility of an in-practice test kit to detect protective serum antibody against canine distemper virus, canine adenovirus and canine parvovirus type 2 in a sample of the UK dog population.

MATERIALS AND METHODS: Serum samples from 486 dogs, last vaccinated between less than 1 month and 124 months previously, were tested with the VacciCheck™ test kit for protective antibodies against distemper, adenovirus and parvovirus type 2.

RESULTS: A high proportion of the dogs tested (93.6%) had protective antibody against all three of the core vaccine antigens: 95.7% of the dogs were seropositive against canine distemper virus, 97.3% against canine adenovirus and 98.5% against canine parvovirus type 2. The small number of dogs that were seronegative for one or more of the antigens ($n=31$) may have had waning of previous serum antibody or may have been rare genetic non-responders to that specific antigen.

CLINICAL SIGNIFICANCE: UK veterinarians can be reassured that triennial revaccination of adult dogs with core vaccines provides long-lived protective immunity. In-practice serological test kits are a valuable tool for informing decision-making about canine core revaccination.

Journal of Small Animal Practice (2018) 59, 27–31
DOI: 10.1111/jssap.12775

Accepted: 5 September 2017; Published online: 31 October 2017

INTRODUCTION

Guidelines for the vaccination of dogs developed by the World Small Animal Veterinary Association (WSAVA) Vaccination Guidelines Group and the American Animal Hospital Association (AAHA) define the canine core vaccines as those that protect against infection by the canine distemper virus (CDV), canine adenovirus (CAV) and canine parvovirus type 2 (CPV2) (Wellborn *et al.* 2011, Day *et al.* 2016; www.aaha.org/guidelines/canine_vaccination_guidelines.aspx). Both sets of guidelines recommend that revaccination of adult dogs with a combination of modified live virus core vaccines from any of the major international manufacturers be done no more frequently than every 3 years; this advice is now entirely consistent with the minimum

licensed duration of immunity (DOI) for canine core vaccines marketed in the UK and many other countries.

Although canine core vaccines are now administered routinely to adult dogs at triennial intervals, it is clear that these modified live virus vaccines confer protection for considerably longer than 3 years. The presence of serum antibody against CDV, CAV and CPV2 is a robust correlate of protection for these vaccines such that seropositive dogs are deemed protected against infection by these viruses. Numerous serological studies have demonstrated the long-lived persistence of vaccine-induced antibody and, consequently, immune protection, for up to 15 years after last administration of a core vaccine (McCaw *et al.* 1998, Twark & Dodds 2000, Bohm *et al.* 2004, Mouzin *et al.* 2004, Ottiger *et al.* 2006, Schultz 2006, Schultz *et al.* 2010, Taguchi *et al.* 2011,

‘Objective: To determine the utility of an in-practice test kit to detect protective serum antibody against canine distemper, canine adenovirus and canine parvovirus type 2 in a sample of the UK dog population.’

‘Conclusion: In-practice serological test kits are a valuable tool for informing decision-making about canine core revaccination.’

‘The VGG supports the use of simple in-practice tests for determination of seroconversion to the core vaccine components (CDV, CAV, CPV-2 and FPV) following vaccination, for determination of seroprotection in adult dogs.’











‘The presence of serum antibody,
(regardless of titre) indicates protective
immunity and immunological memory
is present in that animal’

STEP 4**RESULTS INTERPRETATION**

SCORE	RESULT	IMMUNITY STATUS	RECOMMENDATIONS
S0 - S1	Negative	Poor immunity	Vaccination Required
S2	Weak Positive	Adequate Immunity*	The dog will not benefit from repeated vaccination**
S3 - S4	Positive	Good Immunity	
S5 - S6	High Positive	Excellent Immunity	

Positive Reference

Hepatitis

Parvovirus

Distemper

For core vaccine immunity monitoring

*According to the 2016 WSAVA Guidelines.

**"The presence of antibody (no matter what the titre) indicates protective immunity, and immunological memory is present in that animal"

** Giving more frequent vaccines to animals in an attempt to increase antibody titre is a pointless exercise. It is impossible to create 'greater immunity' by attempting to increase an antibody titre.



**YOUR
DIAGNOSTIC
COMPANION**



Attest for måling af antistoffer (titertest)
En titertest har samme gyldighed som en vaccinationsattest

Hundens navn:	Født:
DKK reg. nummer:	ID nr.

Dato for titertest: _____

Ovenstående hund er undersøgt for tilstedeværelsen af beskyttende antistoffer med følgende resultat:

	Beskyttet	Ikke Beskyttet
Hundesyge (CDV, Canine Distemper Virus):	<input type="checkbox"/>	<input type="checkbox"/>
Parvovirus (CPV, Canine Parvo Virus):	<input type="checkbox"/>	<input type="checkbox"/>
Smitsom Leverbetændelse (ICH, Infectious Canine Hepatitis):	<input type="checkbox"/>	<input type="checkbox"/>

Evt. kommentarer: _____

Som undersøgende dyrlæge erklærer jeg hermed, at hundens identitet er verificeret

Stempel, dato og underskrift.



‘The VGG supports the use of simple in-practice tests for determination of seroconversion to the core vaccine components (CDV, CAV, CPV-2 and FPV) following vaccination, for determination of seroprotection in adult dogs.’

‘The VGG recognizes that at present such serological testing might be relatively expensive. However, the principles of ‘evidence-based veterinary medicine’ suggest that testing for antibody status (for either puppies or adult dogs) should be better practice than simply administering a vaccine booster on the basis that this would be ‘safe and cost less’”

Michael Day

Professor emeritus at the University of Bristol
Former president of BSAVA
Vicepresident of WSAVA
Chairman of WSAVA Vaccine Guideline Group



‘Guidelines can be summarised in two main statements: We should give all animals core vaccines. Non-core vaccines should be given no more than needed.’

‘In-practice titre testing is our profession’s new revolutionary tool’

How can we make titre testing available for all

- Let the nurses do them
- Use the in-house test rather than send samples to a lab
- Run 12-24 tests simultaneously
- Every 3 years (no benefit to annual tests)
- Hold titre events (dogtrainers, shops, discount days)
- Consider free revaccination if negative result

Clients understand the arguments and spread the word.

Serology Testing Indications



Puppies/Kittens

- Following completion of the initial vaccination series
- To identify vaccine failure (MDA interruption, Genetic non responders or vaccine poor immunogenicity)



Adult

- Immunity assessment prior vaccination
- Prior hospitalization or surgery to insure protection



Geriatric/Sick

- Chronic/systemic illness
- Adverse reaction
- Immune compromised
- Immune suppressive treatment
- Immune-mediated disease (IMHA)



Pre-Breeding

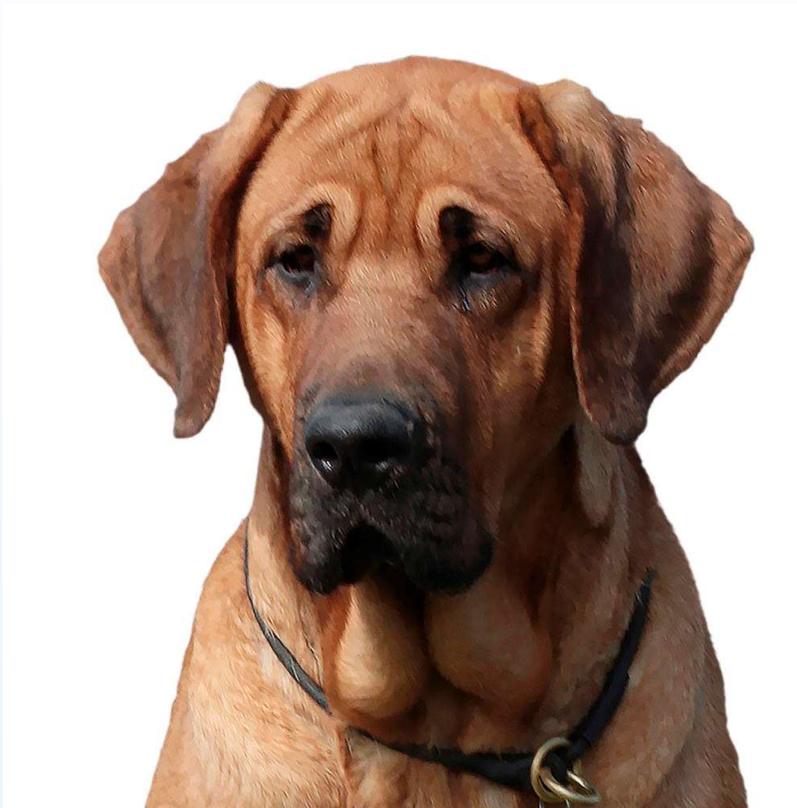
- Immunity status assessment of a bitch prior to breeding



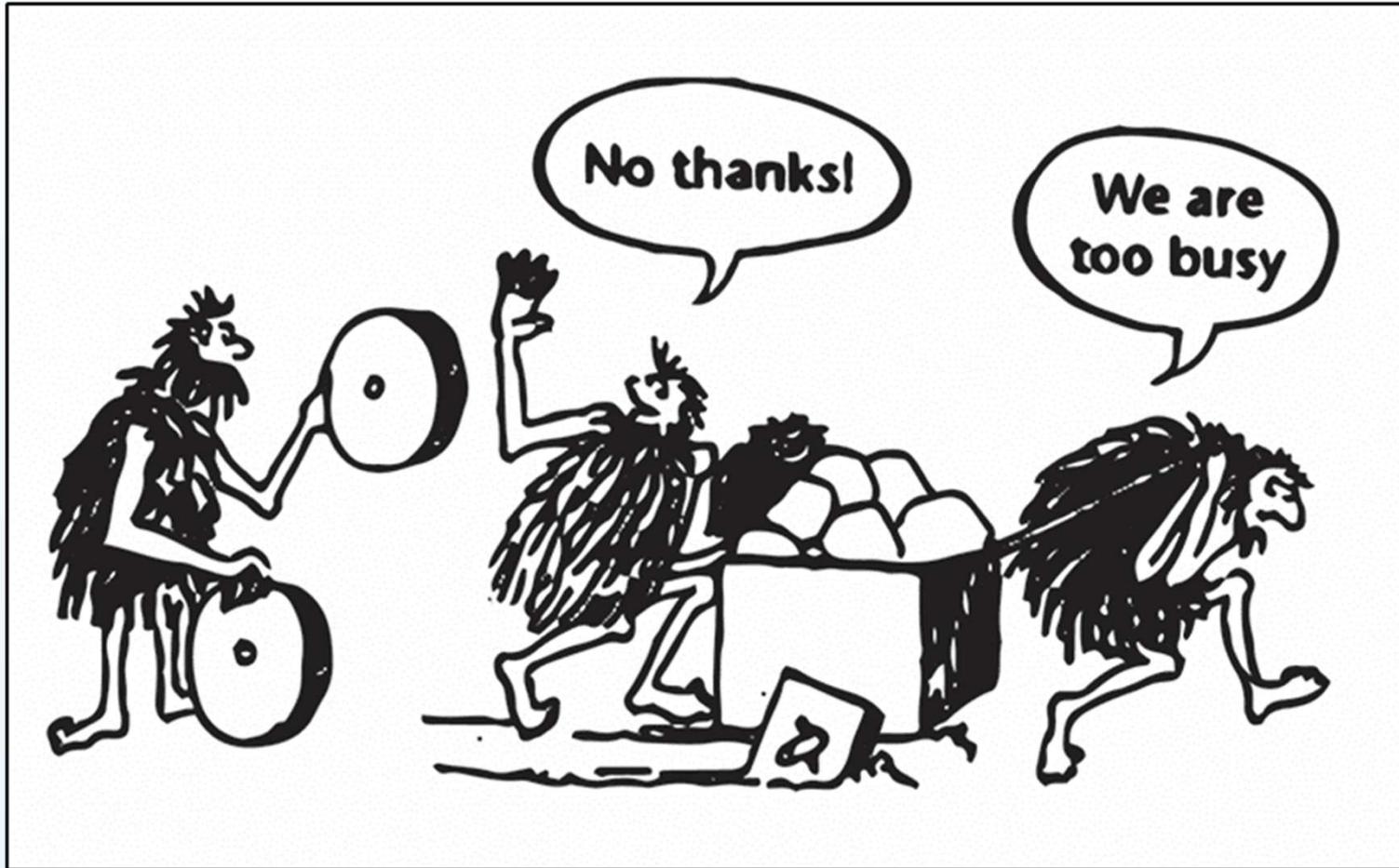
Shelters

- Unknown vaccination history
- Management of disease outbreak

Broholmer



Why are there still practices that don't recommend titre testing?



Take home message:

WSAVA Guidelines - a main objective is to limit use of vaccines

- Why: Avoid adverse reactions and ensure evidence-based practice.
- How: Avoid giving non-core vaccines where they are not needed. Avoid repeating core vaccines unnecessarily. In-house serological testing is fully validated and strongly recommended by experts -and very well received by clients.

‘Adoption of new guidelines is not simply about minimizing the risk of adverse reactions – it is about practicing better, evidence-based veterinary medicine and only performing a medical procedure (i.e. vaccination) when this is required’

”Delivery of fundamental practices such as vaccination should be based in the latest scientific thinking rather than historical anecdote”

Professor Michael Day, Chair of wsava vaccination guidelines group