



**WSAVA**  
Global Veterinary Community



## VACCINATION GUIDELINES FOR NEW PUPPY OWNERS

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 basic principles of these guidelines are:

1. 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.
2. Vaccines should not be given needlessly. Core vaccines are those that are required by every dog in order to protect them from life-threatening infectious diseases that remain prevalent throughout the world. Core vaccines should not be given any more frequently than every three years after the 12 month booster injection following the puppy/kitten series, because the duration of immunity (DOI) is known to be many years and may be up to the lifetime of the pet.
3. The WSAVA has defined non-core vaccines as those that are required by only those animals whose geographical location, local environment or lifestyle places them at risk of contracting specific infections.
4. The WSAVA strongly supports the concept of the 'annual health check' which removes the emphasis from, and client expectation of, annual revaccination and suggests that vaccination (if required) forms only one part of an annual veterinary visit that considers the entire health and wellbeing of the individual dog.

What this means in practice is that:

### Core Vaccines

1. The WSAVA recommends that all puppies should have their initial vaccines against the core diseases, which are distemper, parvovirus and hepatitis (also called adenovirus). Note that in countries where canine rabies is endemic, rabies vaccination is also considered core, even when it is not required by law.
2. The WSAVA also states that the last puppy vaccine against the core diseases should be given at 14-16 weeks of age. This is because, before this time, the mother passes immunity to her puppies, and this 'maternal immunity' can prevent the vaccine from working.
3. A high percentage (98%) of core puppy vaccines given between 14-16 weeks of age will provide immunity against parvovirus, distemper and adenovirus for many years, and probably for the life of the animal.

4. All dogs should receive a first booster for core vaccines 12 months after completion of the primary vaccination course. The 12 month booster will ensure immunity for dogs that may not have adequately responded to the puppy vaccinations.
5. The WSAVA states that we should vaccinate against the core diseases no more frequently than every three years. This is often taken to mean that we should vaccinate every three years – but this is not the case. If the dog is already immune to these three core diseases, re-vaccinating will not add any extra immunity.
6. The WSAVA supports the use of titre testing. This is where a small sample of blood is taken from the dog and checked for the presence of circulating antibodies. The presence of circulating antibodies indicates that the dog is immune, and revaccination (with core vaccines) is not required. You may decide to titre test before giving the 12 month booster, as this may show that boosting is unnecessary. New in-practice titre-testing kits are now available which will allow your veterinarian to do a titre test very quickly, without sending the blood sample to a laboratory.
7. It is important to give as few vaccines as possible, whilst also ensuring that dogs are protected from life-threatening viral and bacterial diseases. The WSAVA seeks to reduce the number of vaccines given as there is always a risk of adverse reactions with any vaccination. The risk of adverse reaction is considered small and the WSAVA asserts that the benefit of protecting your pet from life-threatening infections far outweighs the risk of adverse reaction – although any reaction to a vaccine that is not needed is unacceptable. The WSAVA has listed the types of reactions in its vaccine guidelines (which you can see on the link given above). They range from mild (such as fever, loss of appetite), through to severe (such as epilepsy, arthritis, autoimmune haemolytic anaemia, and allergic reactions). The most severe adverse effects can be life-threatening.

### **Non-core Vaccines**

The non-core vaccines commonly used for dogs are for leptospirosis and kennel cough.

### **Leptospirosis**

Of the leptospirosis vaccine, the WSAVA states: “Vaccination should be restricted to use in geographical areas where a significant risk of exposure has been established or for dogs whose lifestyle places them at significant risk. These dogs should be vaccinated at 12–16 weeks of age, with a second dose 3–4 weeks later, and then at intervals of 9–12 months until the risk has been reduced. This vaccine is the one least likely to provide adequate and prolonged protection, and therefore must be administered annually or more often for animals at high risk. There are many different serovars (strains) of *Leptospira* in the world. Leptospirosis in dogs is most often caused by one of a small number (four to six) of these serovars. The vaccines available today contain the serovars that are most often the cause of canine leptospirosis in a particular geographical area. This product is associated with as many or more adverse reactions than occur for any other vaccine. In particular, veterinarians are advised of reports of acute anaphylaxis in toy breeds following administration of leptospirosis vaccines. Routine vaccination of toy breeds should only be considered in dogs known to have a very high risk of exposure.”

Simply, this means:

1. The leptospirosis vaccine provides protection for a maximum of 12 – 18 months.
2. This vaccine can be associated with adverse reactions.
3. This vaccine should only be given if there is a real risk.

4. Leptospirosis may be relatively rare in your geographical area, so it's also worth asking your veterinary surgeon if he/she has recently seen any confirmed cases locally. If not, and your dog does not lead a lifestyle which carries a risk of exposure, you may decide not to vaccinate against leptospirosis.
5. Signs of leptospirosis may include one or more of the following: fever, joint or muscle pain, weakness, vomiting and diarrhoea, discharge from the nose and eyes, frequent urination, and yellowing of gums and around the eyes. If you observe these signs in your dog, you should take him to your veterinary surgeon straight away.

### **Kennel Cough**

1. In most dogs, kennel cough is generally a mild illness, similar to humans having a cold or the flu. It is usually treated by keeping the dog quiet and giving throat-soothing medications. Occasionally antibiotics can be given to treat bacterial infections.
2. Kennel cough vaccines are generally only required by dogs in close contact with other dogs – for example in boarding kennels. However, you should check with your kennel because some will demand kennel cough vaccines, and others will not accept dogs that have been vaccinated against kennel cough (due to shedding).
3. The kennel cough vaccines that are most effective should contain *Bordetella bronchiseptica* and Canine Parainfluenza-5 Virus (CPI-5). These vaccines are available to be administered locally (e.g. intranasal or orally) or parenterally. The locally administered combination bacterial and viral products are considered most effective. These vaccines should be administered initially between 3 to 16 weeks and then annually.