
Date: 24/3/09

Subject: Re: Vaccination Protocol

Answers from CAS to questions posed:

Thank you for sending us this 'vaccination protocol'. You say it has come from the NZ Veterinary Association, whereas the document itself is from the Companion Animal Society, just one branch of the NZ veterinary Association. This article is an informative document only and was written purely to provide guidance to boarding facility operators on how to approach the issue of vaccination protocol determination for their particular facility. It is an informative piece that is a *summary* of the NZ VA vaccination policy to its members – to provide enough information without being too technical or involved and the bottom line - advice on how to move forward in making appropriate decisions (rather than hard and fast rules about what specifically those decisions should be).

Yes, It has been written by the CAS executive which is indeed just one branch of the NZVA; however the Companion Animal Society is classified as a Special Interest Branch (SIB), is the largest branch of the NZVA and the executive constitutionally has a wide representation from all over NZ including Massey University, Industry veterinarians, and general practitioners from all corners of NZ. CAS works very closely with the NZVA to provide information for the development of its policies. The NZVA policy for vaccinations in companion animals (policy B2.9.1) has been written by the CAS executive rather than just a consultation process due the specificity of the policy to companion animals; this is openly acknowledge in the title of the policy "Vaccine Use in Companion Animals in New Zealand – Companion Animal Society of the NZVA Policy Statement". The NZVA board must approve the recommended policy document put forward by CAS exec and gives its final assessment and recommendations but the document has been ultimately produced by CAS. This is why CAS has also been the committee to address questions and issues from AsureQuality members.

We find it curious that this has been issued now, fairly soon after Pfizer, the drug company concerned, sent a circular out to vets appearing to backtrack on the 2- and 3-year vaccination idea. They said something to the effect that boarding facilities are recognised as a high-risk area, and in such circumstances they recommended sticking to annual renewals. We were informed of this circular during discussions with a local vet, but as yet we have been unable to track down a copy of the document.

The review of the vaccination policy for companion animals in NZ comes about as a result of publications of updated vaccination guidelines by international bodies such as AAHA, WSAVA and AAFP groups in 2006-2007. Pfizer (along with other companies) does have data indicating longer than one year duration of immunity (DOI) which is partly responsible for some of the recommended vaccine protocol changes in the above mentioned publications. I am familiar with the letter put out by Pfizer in 2004 discussing the 3 year DOI coverage but do not have a copy of the recent one so cannot comment.

I agree that some catteries may be a higher risk area for respiratory disease. We have to look at the perspective of are we preventing disease coming in or disease being transmitted to other cats? For preventing disease entering the cattery the carrier status makes the issue more complicated. Cats that have a 'normal' risk exposure of respiratory viruses prior to boarding and have 'clinical protection' from vaccine for 3 years should not be more likely to bring in a virus than cats vaccinated yearly. The risk aspect comes into focus inside the cattery if they are exposed to higher numbers of cats some of which may be shedding virus. So the issue could be argued that it more of a personal protection for an individual cat. (we are talking about the average adult cat and not kittens).

We have consistently required annual renewals, partly because we are the largest-capacity cattery in our area, and partly because we found the 'annual' requirement on AsureQuality's own website. We also consulted with a number of vets, and while we initially found some resistance from younger vets who believed everything they heard from Pfizer, all vets in our area now tell their customers to ask their cattery what is required as regards vaccinations. (Apart from the ones using vaccines other than Pfizer's, who are still on annual renewals anyway).

It is not a matter of 'believing' Pfizer or not. They have produced published scientific trials that demonstrate a longer DOI and it is not just Pfizer, there are other companies doing studies as well. Some of the discussion and ongoing release of scientific information has really only started to make a real awareness in the past year or so – vets generally in NZ are a very conservative bunch and some adopt changes early and some later. Then more information comes along and policies change again. There will always be some basic rules like vaccinate as many young puppies and kittens as possible but even as the vaccine technology changes when to start and stop vaccines at a young age may change as well. Clients become much more aware of the debate and feel quite strongly about the frequency of vaccinations.

Personally after all the reading I have done in order to participate in developing the policy document, I am comfortable with my cat being vaccinated only every 3 years. I know that going into a cattery she will not be taking in any virus, the cattery she stays at provides individual cages with just some minimum contact with small numbers of other cats. I am also comfortable with the viral challenge risk from other boarders.

A year or two ago, Pfizer sent out a circular to all vets and boarding establishments, which said in part, that the Felocell 3 vaccine was to be given as one dose, at intervals of 1, or 2, or 3 years. In other words, they were still happy that their vaccine was safe to be used annually where required.

One must be careful with the word 'safe' – no vaccine is without risks. Fortunately the number of adverse events is small and no one is questioning that vaccines have made a tremendous contribution to disease control with some viruses / bacteria. If the risk / benefit analysis indicates yearly vaccinations then the safety profile of the vaccine accommodates this but does not mean there will not be still the potential for side effects.

Did you realise that all this confusion came about because of the vaccine made in the USA was found to be implicated in the incidence of cancer in animals? Studies of their Felocell 3 vaccine found that up to 3 years between 'shots' reduced the incidence of cancer. But, there is a marked difference between the US vaccine and the vaccine used in New Zealand, even though both are labelled Felocell 3. In the USA, there is an added component for rabies, which is not added in to the vaccine here, as we don't have rabies here. The rabies component was found to be the culprit in the higher incidence of cancer.

The issue of vaccination frequency has been around for awhile but indeed really came to a head with the emergence of sarcomas in cats. Prior to this, vaccines have been implicated in a number of life threatening disease problems such as immune mediated haemolytic anaemia. Cats in particular produce local inflammatory reactions to injections (even water) and any tissue inflammation can create cells to change and ultimately some may develop into cancer. Killed vaccines such as for rabies virus require extra ingredients called adjuvants which 'stimulate' the immune system so it reacts to the viral antigens. Modified live vaccines contain viral antigens that are still "live" and able to stimulate the immune system well enough. There are a number of adjuvants and one of these is aluminium and this was found inside some of the sarcomas developing in cats and so presumed associated. This was termed vaccine associated sarcoma (VAS) but the more comprehensive term is injection associated sarcoma as ANY injection can cause sarcoma. You will find veterinarians giving less injections of any kind to cats and injecting in areas on the body that if sarcomas should develop a portion of the body can be amputated. Sarcomas DO happen in cats in NZ. While the numbers are small, they do happen and we need to be responsible to our patients to reduce this risk where possible.

In this document received, there is mention of the herpes virus, and how it can flare up when a cat is under stress. It is not just herpes that can flare up. A stressed cat will sometimes start sneezing, and if there are any bugs in its system, they will be spread to any cat within sneezing range, and you can soon get a whole alley sneezing, with the vets rubbing their hands in glee! As our capacity is well over 100 cats at peak times, even though we have individual apartments, they can still sneeze through the wire netting between cages.

Stressed cats that start sneezing are sneezing because of retained herpes virus becoming active in an individual carrier. Any other 'bugs' in the system are normal bacteria found in the nose etc rather than contagious bacteria. Some cats with chronic airway disease develop local bacterial infections that require antibiotics but generally they are individual infections and not contagious.

It is also quite frightening the number of customers who while their cat/dog has been given a 'longer-lasting' vaccination, have no idea they are supposed to go back to their vet annually for a 'pet health check'. This appears to be something very few vets follow up on, even though recommended as mandatory by Pfizer in conjunction with extended vaccinations. After all, if a cat/dog ages roughly 7 years to one of our years, three years means up to 21 years - how many people have a checkup at their doctor's only every 21 years?? We tell them that the health check costs a very similar amount to the vaccination (the vaccine itself is said to be inexpensive), so if they go to the vet for a health check they might as well get a proper vaccination to be safe. After all, Pfizer themselves have said Felocell 3 can still be given annually, and other vaccine manufacturers in NZ all apparently still support the annual idea.

Yes, this was a big issue when the 3 year registration became known – vets worried that they wouldn't see pets yearly and you are right this is very important particularly after the age of 7. However, one cannot recommend a yearly vaccine just to ensure compliance for yearly exam if the yearly vaccine is not best practice for that patient. Yes, vaccines can be given annually. Annual registration claims came about due to limited scientific studies over 50 years ago and wasn't really challenged until recent years. Some vaccine companies have just not done studies to 'prove' DOI over a year so remain at once yearly. Overseas the protocol is changing and while some swing far to the right and others want to stay to the left, most of us will sit somewhere in the middle – make some changes but remain strict in other areas until more information comes forward. What we cannot do is sit and do

'what we've always done just because we've always done it that way when there is good scientific evidence to change and will benefit our patients.

To sum up, we have already discussed our protocol with a number of vets in our area, who, while their Practice will officially support the longer intervals between vaccinations, will tell us that unofficially they agree with our stance in the interests of keeping the animals safe and healthy in an environment that can be high-risk... It is also interesting to note the number of vets, knowing our requirements, who choose to board their own animals with us, usually commenting that they routinely vaccinate their own animals annually, despite the protocols of their veterinary practice.

This is fine – if your cattery is deemed a higher risk facility because of its size and in discussions with your local vets have decided to continue recommended yearly vaccines for cats (or dogs) then stick with that. You are doing what we suggest. However, I would encourage you discuss to feasibility of flexibility with some boarders – perhaps accepting boarders with the 'core vaccines' up to date for the past 2 or even 3 years if this is what the owner wishes or on the advise of a particular veterinarian (you can easily make it part of your waiver that the owners sign which states your recommendations is yearly vaccines). I am talking core vaccines – non cores such as kennel cough is a very contagious disease and will create huge long term getting rid of it from the facility) – different from upper resp viruses in cats).

Different vets will always have different opinions and it is not the intention of CAS nor the NZVA to tell vets exactly what to do but rather provide guidelines on how to address the controversies, new information, responsibility in making informed decisions in the best interest of their patients.

Also, it has been reported by a number of customers who have shifted here from Auckland, that several vet-run catteries there have quite a different vaccination protocol. These vet-run catteries require cats to have been vaccinated within 6 months of admission, and if it has gone over the 6 months, the cat will be vaccinated at admission.

Some veterinarians just like some cattery owners feel very uncomfortable with change and this was an accepted practise a number of years ago. I personally do not agree with 6 monthly vaccine requirements at all. While vaccinating upon arrival ensures that at least a cat gets vaccinated, how quick a cat responds to being vaccinated with core antigens is anywhere from 3 to 14 days; this makes it debatable whether the vaccine is of benefit to the cat for that particular stay. As owners become more enlightened they will questions these practices more as well.

Finally, our record speaks for itself - we have not had an incidence of cat flu for quite some time, while 'the grapevine' reports outbreaks at other local catteries where they are not as strict regarding vaccinations. We tend to hear of these incidences when customers are referred to us by their vet, following treatment after falling sick at another facility.

I suspect your excellent record is a combination of not just vaccination status requirements of your boarders but also how you manage it – feeding and cleaning protocols etc. Vaccine alone will not prevent disease spread in husbandry practises are not in place.

Dr Maureen Forsyth
CAS executive member