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Dear Professor Dean

We have been on a long journey, you and I, and I am quite sure that, were we to meet in private, we would agree that dogs really only need their puppy shots and first booster to be protected from the serious viral diseases. We would also probably agree that the kennel cough vaccines are of limited benefit and potentially dodgy (a scientific term), and that the leptospirosis vaccine should only be used in the face of serious disease risk. Some, including Dr Ronald D Schultz – the hero of the World Small Animal Veterinary Association Vaccine Guidance Group (WSAVA VGG) – wouldn't use the lepto vaccine in any circumstances, since it is associated with horrendous adverse effects.

Science is, ideally, the open pursuit of truth. After years of untruth, it seems that we are coming very close to the point where the veterinary profession will stop harming the animals they have sworn to heal. The WSAVA has made its clarified guidance known and is soon to embark upon an educational tour of vets around the world. Even the VMD has published guidance that appears to advocate a reduced vaccine schedule. However, the WSAVA should not need to go on an educational tour. Governments should be legislating.

It seems that vets in practice, aided and abetted by veterinary vaccine industry marketing initiatives, are the weak link, and it could take many more years before we see an end to the casualties caused by established veterinary vaccine practices.

We have spent considerable time studying your letter dated July 30<sup>th</sup> 2010, whilst also referring to your Position Paper. It is clear to us that, whereas the WSAVA is seeking to bring current scientific knowledge into veterinary medicine on a worldwide basis so that dogs and cats are protected **by** vaccines but also **protected from unnecessary vaccines**, your job is to obstruct these changes.

What is not clear is why. Is the VMD's stance a political one? It certainly doesn't make sense scientifically.

The disagreement between CHC and the VMD can be summarised in the following three paragraphs, although the devil is in the detail. The remainder of this letter looks at the detail and seeks to extract the truth from the midst of untruth so that we can be freed of the need to campaign, at great personal expense, for an end to unnecessary and harmful annual vaccinations for dogs.

### **Summary:**

1. The WSAVA has laid out guidelines to ensure that all animals receive vaccines against the core viral diseases (in the UK these are distemper, parvovirus and adenovirus for dogs), and that individual animals are vaccinated less frequently by only giving non-core vaccines that are necessary for that animal.
2. Vets in the UK are vaccinating dogs and cats, as the established practice, against both core and non-core diseases on an annual basis. Current science shows that it is neither necessary nor safe to vaccinate against core viral diseases annually. In order for this situation to be rectified, CHC called upon the VMD, in February 2010, to withdraw one-year vaccines for core viral diseases – as immunity persists for much longer than a year and, as you have confirmed yourself, 3-4 year vaccines are available. We have subsequently sought to persuade the VMD that – as stated by the WSAVA - non-core vaccines should not be routinely given, but only when there is a known disease threat in the area. In some cases, the non-core vaccines are of questionable safety, benefit and efficacy (according to the WSAVA and also CHC).
3. It is CHC's contention that the VMD – for some reason – is obstructing adoption of the WSAVA Guidelines whilst giving the appearance of supporting them. If the UK can be seen to be going along with the current science whilst not actually doing so, then annual vaccination can continue ... but with what aim? For how much longer are British dogs and cats to be subjected to unnecessary vaccines?

### **The detail:**

#### **International Veterinary Bodies**

At the beginning of the 21<sup>st</sup> Century, veterinary bodies around the world began to speak out with regard to the known science, although *Kirk's Veterinary Therapy* carried research nearly **four decades ago** to confirm that immunity to core canine viral diseases persists for years or life. CHC has been reflecting this information repeatedly since 1994.

The American Animal Hospital Association, the American Veterinary Medical Association, the Australian Veterinary Association and the World Small Animal Veterinary Association have made official pronouncements to confirm that annual vaccination is neither necessary nor without harm.

This year, the Australian VMD equivalent – the APVMA – officially stated that it “does not support the retention of label statements that direct or imply a universal need for life-long annual revaccinations with core vaccines”.

**The basis of the WSAVA stance – which can be seen in full at <http://www.wsava.org/VGG1.htm> - is that:**

- Dogs should be vaccinated no more frequently than every three years against the core viral diseases, namely distemper, parvovirus and adenovirus.
- Once immune, dogs vaccinated against the above core diseases are likely to remain immune for many years, and **in all probability for life**. Revaccination confers no added benefit to already immune dogs (and cats), and may be harmful. Serology tests will confirm if circulating antibodies are present.
- The WSAVA “has defined non-core (optional) 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”.
- Non-core canine vaccines in the UK are for the Parainfluenza virus, Bordetella bronchiseptica, and Leptospirosis.

**Obstruction # 1: the VMD appears to support WSAVA core revaccination guidelines but, materially, does not.**

**Of core MLV vaccine schedules, the WSAVA states:**

“Vaccines should not be given needlessly. 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 many years and may be up to the lifetime of the pet.”

**In contrast, the VMD states in its Position Paper:**

“For the majority of UK authorised dog vaccines the re-vaccination interval for the core vaccines canine distemper (CDV), canine parvovirus (CPV) and canine adenovirus (CAV) is at least every three years. These authorised re-vaccination schedules are in accord with the WSAVA Guidelines which state “not more often than every three years”.”

**Discrepancy:** “At least every three years”, and “not more often than every three years”, are not in accord.

The VMD stance means that vets in the UK can continue to vaccinate annually against diseases to

which our dogs are already immune. Since the VMD will not remove one-year core MLV vaccines from the market, annual vaccination is still facilitated and supported by the UK's regulatory body.

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Whilst theoretically the VMD's approved schedule might give the impression of reducing the vaccine load on British dogs, **vets in practice continue to vaccinate against core viral diseases on an annual basis**, which means that – in practice – UK dogs are still being over-vaccinated.

## **Obstruction # 2: the VMD denies UK vets are over-vaccinating**

**WSAVA:** “there is an urgent requirement for educating practicing veterinarians in this area.”

**VMD:** “We understand the majority of veterinary surgeons administer vaccines no more frequently than the claimed duration of immunity, unless there are justified health, epidemiological or other risk factors that support a revised schedule.” (Page 6, your letter 30<sup>th</sup> July)

**Discrepancy:** On face value it looks as if you are saying that vets don't vaccinate against core viral diseases on an annual basis in the UK, and that the complaints we pet owners have made are unfounded, and the WSAVA seeks to give guidance where none is needed.

**Obfuscation:** If core one-year vaccines are on the market, and vets **use** these vaccines annually, then vets are of course “administering vaccines no more frequently than the claimed duration of immunity”! But they are still over-vaccinating! The issue is being clouded.

**Discrepancy:** In our response to the VMD's Position Paper on Authorised Vaccination Schedules for Dogs, Canine Health Concern detailed the investigations of its members in relation to Intervet's National Vaccination Month. The findings of these investigations are carried on pages 255 to 261 of our response (available in full on [www.petvaccine.weebly.com](http://www.petvaccine.weebly.com)). These investigations confirm that vets are routinely vaccinating against all of the canine diseases, core and non core, on an annual basis. The VMD had sight of these findings before making the above statement but seemingly chooses to ignore them.

You also state on page 3 of your letter of 30<sup>th</sup> July:

“It is VMD's understanding that re-vaccination intervals of 3-4 years for core MLV components are routinely practised by most veterinary surgeons in the UK but ultimately it is for the veterinary surgeon, in consultation with the owner, to determine the frequency of vaccination for the agreed disease components, taking account of the health of the animal and the risk of exposure to infection. I am not aware of any data that refutes this assertion.”

**Discrepancy:** With respect Professor Dean, can you please clarify which part of the above sentence you lack data for, because when you string two concepts like this together, your

statements mean one thing but read as something entirely different. Are you unaware of data that refutes the assertion that vets and clients should decide together? Or perhaps you lack data to refute the statement that most veterinary surgeons in the UK are using the 3-4 year vaccines?

**Discrepancy:** If vets are participating in National Vaccination Month and offering a full puppy or kitten series for the price of a booster if they have “lapsed” by 18 months (which is the sales campaign’s special offer), then they are clearly not telling clients that their pets don’t need vaccinating annually against core viral diseases. Are you aware of **this** data?

**Discrepancy:** It is a fact that, in the UK, veterinarians are routinely vaccinating dogs (and cats) against core viral disease more frequently than is necessary and, in the majority of cases, they appear to be telling dog owners that their pets must be vaccinated with distemper, adenovirus, parvovirus, parainfluenza and leptospirosis vaccines on an annual basis. To clarify, pets owners are being sold annual vaccinations for core viral diseases when it is known scientifically that these need not be given annually. Were this not the case, we would not be engaged in this correspondence, or asking for one-year core vaccines to be withdrawn.

**Contradiction:** In your Position Paper (point 4.4, page 7) you state:

“leptospiral vaccines are in effect commonly used, often in combination with core annual vaccination programmes by most, if not all, veterinary practices for the benefit of the canine and human population in the UK”.

Once again, Professor Dean, you combine two concepts in one sentence, this time appearing to pass off and accept annual vaccination against core diseases – which do not need to be boosted annually – alongside a vaccine that is dangerous and barely justified – and deemed non-core (optional) by the WSAVA.

If we analyse your two sentences:

1. “leptospiral vaccines are commonly used ... in combination with **core annual vaccination programmes by most, if not all**, veterinary practices ... in the UK.”
2. “It is VMD’s understanding that re-vaccination intervals of 3-4 years for core MLV components are routinely practised by most veterinary surgeons in the UK ...”

**Discrepancy:** you are contradicting yourself. We contend that whilst your statements numbered 1 and 2 above oppose one-another, your sentence 1 is the practiced norm.

**Obstruction # 3:** “Vets departing from the SPC do so at their own risk”

In tandem with preparing its Position Paper on Approved Canine Vaccination Schedules, the VMD wrote to the veterinary press, warning vets that if they departed from the SPCs, they **did so at their own risk**. This is referenced in our two-part response – [www.petvaccine.weebly.com](http://www.petvaccine.weebly.com). CHC accordingly accused the VMD of seeking to threaten vets, making it impossible for them to follow

the known and current science.

Thankfully, the WSAVA has covered this thorny dilemma, showing that we weren't just making the problem up. The following is taken from the WSAVA's Vaccination Guidelines 2010, which is web-referenced earlier in this document:

“In speaking to practitioner audiences about the 2007 guidelines it is clear that there is widespread confusion about their purpose. Many practitioners are initially alarmed that the recommendations appear contrary to those given on the product data sheet, and therefore feel that if they adopt guidelines recommendations, they are leaving themselves open to litigation. The distinct difference between a data sheet and guidelines document has been clearly discussed in a recent paper (Thiry and Horzinek, 2007).

“A data sheet (or ‘summary of product characteristics’; SPC) is a legal document that forms part of the registration process for a vaccine. A data sheet will give details of the quality, safety and efficacy of a product and in the case of vaccines will describe the legal DOI of the product. The legal DOI is based on experimental evidence, represents a minimum value and need not reflect the true DOI of a vaccine. Most companion animal vaccines, until recently, had a 1 year DOI and carried a recommendation for annual revaccination. The sensible response of industry to recent discussions about vaccine safety has been to increasingly license products with an ‘extended’ (generally 3 year) DOI. However, for most core vaccines (see below) the true DOI is likely to be considerably longer.

“There are instances, where the guidelines may recommend a triennial vaccination with a product that still carries a 1 year licensed DOI. The simple reason for this is that the guidelines are based on **current** scientific knowledge and thinking, whereas the data sheet reflects the knowledge available at the time that the vaccine received its original license (which may be more than 20 years earlier). Consequently, guidelines advice will often differ from that given in the data sheet; however, any veterinarian may use a vaccine according to guidelines (and therefore current scientific thinking) by obtaining informed (and documented) owner consent for this deviation from legal recommendations (‘off-label use’). Further confusion is often caused by company representatives who will advise, as they are legally obliged to do, that the veterinarian must adhere to the data sheet recommendation.

“A further point of confusion arises where veterinarians compare the recommendations given in different sets of guidelines. There are, for example, subtle differences in recommendations made in the USA and Europe that reflect differences in the opinions of local expert groups and in the perception of lifestyles of pet animals that may make them more or less exposed to infections. The VGG faces the difficult challenge of setting a middle-course through various national or regional guidelines. Its recommendations attempt to provide a balanced perspective to account for global differences in the keeping of small companion animals.

**“In summary, veterinarians should feel comfortable about vaccinating according to the schedules given in these guidelines but should cross-reference these with local recommendations where available. Where the VGG recommendations differ from current legal requirements, the practitioner need only obtain informed client consent to provide that client, and the animal, with a current evidence-based vaccination schedule.”**

In short, vets can stray from the SPCs without personal risk, so long as the client is aware of the current evidence-based vaccination schedule: so long as the client is given informed consent.

**Obstruction # 4: the VMD sees nothing wrong with giving a full puppy or kitten series if an animal has “lapsed by 18 months”.**

Canine Health Concern has repeatedly written to the VMD, and to British political representatives, to halt Intervet’s sales campaign which offers a full puppy series for the price of a booster for dogs whose boosters, according to the sales campaign, have “lapsed by 18 months”. The VMD, and successive Ministers who are advised by the VMD, have failed to act on this matter.

**However, the WSAVA has stated in its updated 2010 Guidelines:**

An adult dog that had received a complete course of core vaccinations as a puppy followed by the 12 month booster, but may not have been regularly vaccinated as an adult, requires only a single dose of core vaccine to boost immunity. Many current data sheets will advise in this circumstance that the dog requires two vaccinations (as for a puppy) but this practice is unjustified and simply **contrary to the fundamental principles of immunological memory**. By contrast, this approach may be justified for an adult dog of unknown vaccination history, and when serological testing has not been performed.

**Discrepancy:** Please note that the WSAVA offers the option of testing the dog’s blood for antibodies, rather than vaccinating for the sake of it. The WSAVA does not support the administration of a full puppy or kitten series to dogs or cats whose vaccination may have “lapsed” by 18 months.

**Obstruction # 5: the VMD warns against serology (titre) testing**

Serology testing offers an alternative to indiscriminate revaccination, as it will show if the animal has circulating antibodies to the core diseases they would otherwise be vaccinated against. Serology testing would reduce the perceived need to revaccinate, and the potential for adverse vaccine effects.

**The VMD states:**

“There is no regulatory barrier to serology being used for this purpose ... we would re-emphasise the need for caution when interpreting results from various serological assays where standardisation is not assured. A serological titre correlated with protection oversimplifies the science of immunology and does not guarantee an individual animal will be protected from infection due to the complexity and involvement of other immunological parameters.” (Page 4, your letter July 30<sup>th</sup>)

**The WSAVA states:**

Antibody tests are useful for monitoring immunity to CDV, CPV-2, CAV-1 and rabies virus. Antibody assays for CDV and CPV-2 are the tests of greatest benefit in monitoring immunity, especially after the puppy vaccination series. During recent years, many laboratories have standardized their methodologies for such testing. There are legal requirements for rabies antibody testing for pet travel between some countries.

In-practice testing will probably become more popular as soon as rapid, simple, reliable and cost-effective assays are more widely available. A negative test result indicates that the animal has little or no antibody, and that revaccination is recommended. Some of these dogs are in fact immune (false-negative), and their revaccination would be unnecessary. A positive test result on the other hand would lead to the conclusion that revaccination is not required. This is why robust yes/no answers must be provided by any assay. With CDV and/or CPV-2 tests, an animal with a negative result, regardless of the test used, should be considered as having no antibody and is susceptible to infection.

On completion of the puppy series at 14–16 weeks of age, an animal should have a positive test result, provided the serum sample is collected 2 or more weeks after vaccination. Seronegative animals should be revaccinated and retested. If it again tests negative, it should be considered a non-responder that is possibly incapable of developing protective immunity.

**Discrepancy:** Whilst we understand the VMD's desire to exercise caution with regard to serology testing, we find the WSAVA's guidance to be more positive and inspirational in terms of their ethos of reducing vaccine-associated risk – especially in view of the potential life-long DOI of core vaccines.

The WSAVA points out that many laboratories have standardised their methodologies for such testing; in-practice testing will probably become more popular as soon as rapid, simple, reliable and cost-effective assays are more widely available; and a positive test result on the other hand would lead to the conclusion that revaccination is not required. We would point out that in-practice testing would also mitigate booster income loss for veterinary practices.

**Selectivity:** Therefore, rather than appear to resist serology testing, would it not be better for the animals, and more suited to the VMD's remit, if the VMD were to lead the way in having such tests standardised, and encouraged the uptake of in-practice testing – rather than emphasising the objections?

After all, reliable titre tests are currently available at a very reasonable price from at least one of the UK's distinguished experts, Dr Hal Thompson of Glasgow University in the UK. If other laboratories cannot be trusted, vets can be advised to use the one that can be.

**Selectivity:** Would it not be better, for the sake of the animals, that we worked towards reducing the number of core vaccines given to the animals – in order to minimise any likelihood of an adverse reaction? It sends out entirely the wrong message when the VMD issues warnings of caution with regard to titre testing, as opposed to leading the way towards better standardisation.

**Selectivity:** Would it also not be appropriate if the VMD acknowledged, whilst cautioning against titre testing, that vaccines themselves do not guarantee protection – for the very same reason?

Your words, “A serological titre correlated with protection oversimplifies the science of immunology and does not guarantee an individual animal will be protected from infection due to the complexity and involvement of other immunological parameters”... apply equally to vaccine failure. Vaccines can and do fail due to “the complexity and involvement of other immunological parameters”.

It appears to us that the VMD/government has built a smokescreen that, in all circumstances, no matter the options provided, urges us to vaccinate, vaccinate, vaccinate. Why?

**Obstruction # 6: Non-core vaccines: VMD says: “give them annually irrespective of the unquantified risks”.**

**Of the Leptospirosis vaccine, the WSAVA states:**

“Non-core. 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. Protection against infection with different serovars is variable. **This product is associated with the greatest number of adverse reactions to any 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.”

By contrast, the VMD states:

“For leptospirosis, a serious endemic disease in dogs and a zoonosis, **annual vaccination may be recommended by most veterinary surgeons** to ensure an adequate level of protection is maintained. Leptospirosis has a number of wildlife reservoirs and is a particular risk to animals and humans exposed to water contaminated with rat urine. (Point 4, page 37, your letter of 30<sup>th</sup> July)

“The epidemiology of these leptospire in the UK is largely unknown although some research is being undertaken to identify leptospire serovars circulating in foxes (personal communication).” (Point 4.1, page 15 of your letter of 30<sup>th</sup> July)

The VMD adds:

“The WSAVA Guidelines suggest that vaccination against leptospirosis should be restricted to geographical areas where a significant risk of exposure has been established or for dogs whose lifestyle places them at risk. Given the risks of infection to both dogs and their owners and the albeit limited information on the prevalence of disease in the UK, which suggests veterinary practices are seeing clinical cases, leptospiral vaccines are in effect commonly used, often in combination with core annual vaccination programmes by most, if

not all, veterinary practices for the benefit of the canine and human population in the UK.”  
(Point 4.4, page 15 of your letter of 30<sup>th</sup> July)

**Selectivity:** It seems to us that the VMD recommends the indiscriminate use of the leptospirosis vaccine, even though the prevalence of this disease in UK dogs is very low indeed. Quoting a vaccine industry vox-pop, the VMD states:

“An ongoing pharmaceutical industry funded project, CICADA (Computer-based investigation of Companion Animal Disease Awareness, [ww.cicadasurvey.co.uk](http://www.cicadasurvey.co.uk)), aims to collate information submitted by veterinary practices on numbers of both confirmed and unconfirmed (suspected) reports of major infectious disease. During the nine months leading up to March 2010 veterinary practices participating in this survey reported 1544 cases of Kennel Cough, 117 cases of canine parvovirus, 27 cases of leptospirosis, 2 cases of infectious canine hepatitis and 1 case of canine distemper.” (Point 10, page 19, your letter of 30<sup>th</sup> July)

Let us look at the risk-benefit analysis here:

An industry-funded telephone survey, which actively sought to find cases of leptospirosis in UK dogs in order to sell product, found only 27 cases of leptospirosis. Accepting that leptospirosis is a terrible disease, and death is a potential consequence if the veterinarian fails to diagnose and treat with the appropriate antibiotics, the VMD suggests that millions of UK dogs should risk this vaccine every year, even though **this product is associated with the greatest number of adverse reactions to any vaccine. The VMD offers no warning with regard to the dogs most at risk from this vaccine, or the seriousness of the adverse effects caused by this vaccine.**

**Discrepancy:** Yet, by contrast, the WSAVA tells us that the leptospirosis vaccine 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. The words ‘significant risk’ bear repeating.

Perhaps pet owners should be given informed consent sheets to help **them** decide which option poses the greatest danger. Given the choice of a vaccine to protect against a very rare disease in the UK, a vaccine which comes with the potential of serious adverse events – including brain damage and death – what would we choose, do you think? Death at our own hands and at our own expense, or a small risk of contracting a disease that is rare in the UK? Let us not forget that leptospirosis is effectively treated if diagnosed and treated with antibiotics.

Whilst on the subject of leptospirosis, and answering your assertion that there is no evidence of the efficacy of homoeopathy, a study has only just been published to show that the nosode has proven to be very beneficial in Cuba. See <http://avilian.co.uk/2010/08/large-scale-application-of-highly-diluted-bacteria-for-leptospirosis-epidemic-control/>.

Personally, as a dog owner, I think I would prefer to follow the WSAVA’s guidelines, and I would like the choice – supported by informed and truthful guidance – to do so.

**Kennel Cough vaccines**

Bordetella bronchiseptica and parainfluenza vaccines are given to protect against kennel cough. Both are deemed non-core (optional) by the WSAVA.

**Discrepancy:** In our response to your Position Paper, we reflected the VMD's own datasheet information which states that kennel cough vaccines, when administered to dogs, are not entirely safe for the humans living with those dogs. In particular, the Bordetella vaccine is a danger to immunocompromised adults and children, as stated in approved datasheets. Humans can become infected via the kennel cough vaccines given to their dogs. Further, when dogs receive kennel cough vaccines, they are liable to infect other dogs with whom they come into contact. You chose not to respond to our concerns in this regard.

It is understandable that the vaccine industry survey you quote found that, "During the nine months leading up to March 2010 veterinary practices participating in this survey reported 1544 cases of Kennel Cough". This vaccine is keeping the disease in the ecosystem. It is causing outbreaks, as the datasheets warn can happen.

The parainfluenza vaccine is also of questionable efficacy. Indeed in its own Position Paper, on page 47, the VMD lists licensed parainfluenza vaccines and reports that duration of immunity is "Not demonstrated. Annual booster recommended."

**Discrepancy:** How does the VMD justify licensing vaccines when their duration of immunity isn't even known? And what sort of logic should lead the VMD to say, effectively, "we don't know if it works, so do it every year"?

No wonder the WSAVA calls these vaccines non-core (optional).

We called in our response to the VMD's Position Paper for the VMD to make this information known to clients, using informed consent sheets since the datasheets warning of these dangers are typically retained and disposed of by the vet. Their language is also obscure to most pet owners.

The VMD remained silent to this request in its letter of 30<sup>th</sup> July 2010. Why?

## **Obstruction # 7: Informed client consent**

### **The 2010 WSAVA Guidelines state:**

"Informed consent should be documented in the medical record in order to demonstrate that relevant information was provided to the client and that the client authorized the procedure (e.g. 'off-label' use of products as discussed

above). At the very least, this notation should indicate that a discussion of risks and benefits took place prior to vaccination."

Although the need for written informed consent was raised by CHC in its response to the VMD's Position Paper, we can see no reference to it in your response of 30<sup>th</sup> July.

Speaking as users of the veterinary system, CHC and its members can confirm that vets do not, in the vast majority of cases, offer any indication:

- that vaccines might pose a risk
- of what these risks might be
- that, in the case of core vaccines, they are likely to provide protection for very much longer than one year
- that even three/four year vaccines are likely to provide protection for much longer (for life)
- that vaccines for leptospirosis and kennel cough are optional and should only be given in the face of a significant disease threat
- that kennel cough vaccines can spread infection
- that the disease risk for all of the canine diseases we vaccinate against is largely unknown
- that serology tests are an alternative

**Discrepancy:** Why would a government department, whose existence is predicated on the aim of assuring the safety and efficacy of veterinary medicines, ignore the identified need to make informed consent documents available to the consumers of veterinary medicines, especially when the products in question – vaccines – have a history of unnecessary use and unquantified but serious adverse effects? Why?

**Obstruction # 8: The VMD claims that CHC's research is based on anecdotes from dog owners, etc.**

Significant scientific research exists to confirm that vaccines come with diverse and very serious risks, which is why vaccines should be used **no more often** than is absolutely necessary. The science exists to show that vaccines can cause the following conditions in our dogs:

Anaphylaxis

Arthritis

Encephalitis, Behavioural changes, Epilepsy

Cancer

Leukaemia

Dermatitis

Dysregulation of humoral and cell-mediated immunity

Organ failure (liver, kidney, heart)

Autoimmune endocrine disorders – especially of the thyroid gland (thyroiditis), adrenal gland (Addison's disease) and pancreas (diabetes).

Bone marrow failure

Haemolytic anaemia  
Immune mediated thrombocytopenia  
Myasthenia gravis  
Systemic lupus erythematosus  
Immunosuppression  
Paralysis  
Autoantibody production/ autoimmunity  
Potential genetic damage (antibodies against DNA)  
Inflammation and allergies

We should also consider the ability of MLV vaccines to shed in the environment and cause outbreaks, to cause the diseases they are designed to prevent in immunocompromised animals (who may then go on to infect other animals), and/or to mutate and create cross-species infection. For these reasons alone, we should vaccinate **no more frequently** than is necessary.

Whilst you are welcome to use the legitimate argument that we are not trained scientists, and therefore do not always follow the scientific strictures, you cannot disappear the significant body of scientific research on vaccine adverse effects.

We have taken the liberty of separating out the scientific references from Part One of our submission, and attached them to this letter (available in full at [www.petvaccine.weebly.com](http://www.petvaccine.weebly.com)). These references – detailing vaccine adverse effects - number in excess of 500, and take up over 31 pages in small type.

### **Obstruction # 9: “Vaccine reactions are very rare” says the VMD**

Some of the above illnesses will occur shortly after a vaccine event. Others will develop over time, as the science shows. They are possibly more prevalent in dogs due to the vast number of vaccines our dogs are subjected to. Of those which develop close to vaccination, very few will be reported through the VMD’s SARSS scheme. It is highly unlikely that any which develop over a longer timeframe will be reported at all.

Therefore, as stated in our previous response, the SARSS scheme is unable to scientifically quantify the level of adverse vaccine reactions. It is guesswork, and not science.

Indeed, the SARSS scheme offers no scientific basis upon which to claim that vaccine reactions are “very rare”.

Of the SARSS scheme, you state in your letter:

Having checked, we cannot identify reports on our database on the dogs you claim suffered from adverse reactions whilst owned by you. Can I stress that the SARSS is not limited to reporting from veterinary surgeons (and never has been) and animal owners can complete a report and submit it. I strongly urge you and those who have joined with you in attempting to raise public alarm related to

vaccine use to report the suspected adverse reactions you experience to the SARSS. A report form is available on the VMD website. In the interests of the animals you wish to protect, each and every one of the hundreds of people who are supporters of CHC should consider completing a report of the suspected adverse reactions their pets have experienced. To those who already have done so we give our thanks for their help and cooperation.

**Discrepancy:** Very few pet owners are aware of the SARSS scheme, the SARSS form, the VMD's website, or – indeed – the existence of the VMD.

Taunting us to submit retrospective yellow forms to a system that does not produce meaningful data, Professor Dean, for vaccine-induced deaths that occurred (in my own case) nearly two decades ago, is callous and unlikely to deliver any beneficial result.

Neither does it fix the inadequacies of the SARSS scheme. However, an informed vaccine consent sheet for clients could include mention of its existence, and include data regarding the type of vaccine-induced illnesses they might look out for.

### **The impartiality of the VMD**

We take no pleasure in calling the impartiality of the VMD or its staff into question. It is, frankly, horrible to be put in a position for this to be necessary. However, by refusing to withdraw licenses for one-year core MLV vaccines, and appearing to obstruct WSAVA guideline implementation, the VMD leaves us with no choice. The alternative is to stand idly by while our family friends suffer and die. We cannot do this.

The unscientific and damaging practice of annual vaccination will be maintained through the following factors:

1. The knowledge that very few people will read the evidence – it is too complicated and long-winded.
2. Vets in practice are vaccinating unnecessarily, and one-year core vaccines allow this to continue. The VMD denies this, despite evidence to the contrary.
3. The majority of veterinary clients trust the advice they are given.
4. Vets in practice are ill educated on the subject of revaccination and potential adverse reactions.
5. Clients are unaware of the DOI data or the risks of over-vaccination.
6. The VMD will not take practical action to stop unnecessary and potentially harmful over-vaccination.
7. The SARSS scheme does not work, and there is no effective computerised post-vaccination 'results based' system.
8. The VMD is promoting the indiscriminate use of non-core vaccines.
9. The VMD appears to obstruct any moves to reduce vaccine frequency, paying lip service to WSAVA guidelines but opposing these guidelines with doubletalk.

What do you expect us to conclude?

While the VMD defends the practice of employing scientists with known industry ties, and while it cannot be seen to act impartially in the interests of the citizens it exists to protect, such “slurs” are inevitable and justified. The whole setup gives the appearance of corruption. If British citizens are unable to express their concerns about the conflicts of interest within their government’s regulatory body, then we have no democracy. We have tyranny – the tyranny of commerce.

Professor Dean, you must – for the sake of democracy and the lives of British citizens and their pets – be seen to be ethical and without bias in favour of industry. Getting indignant and issuing blustering and misleading accusations against those who merely seek to represent their pets’ interests is not accountability.

We appreciate why you might have been appointed as head of the VMD. Your CV is impressive and very relevant, as you yourself say. We cannot argue this. We can, though, suggest that your marketing and consultancy background within the pharmaceutical industry, added to speaking at veterinary vaccine industry seminars and helping the industry at press launches whilst head of the VMD (which you failed to address in your letter) oversteps a very important boundary. Overstepping this boundary, and writing Position Papers and letters which employ doubletalk – which make it appear that you are hiding the truth for reasons that can only be speculated upon – represent serious lapses in professional good judgment. Either this, or you are merely following orders – whose orders we do not know.

There is no reason why this matter cannot be taken forward to the scientific satisfaction of pet owners and veterinarians in the UK, and British citizens have every right to expect this to be the case. The VMD’s current stance is unacceptable and we would welcome a friendly response; one that shows a desire to address our very real concerns.

Yours sincerely

Catherine O’Driscoll

On behalf of Canine Health Concern and its members