

Rabies vaccinations save lives:

Sally, age 5, was waiting for the bus in front of her house. The neighbor's dog, which is normally locked-up, broke free, chased Sally and then bit her. She raced home where her mother washed the wound and called their physician. He said that Sally should come in immediately and warned that rabies must be considered. The neighbor's dog may not have been vaccinated.

Do you think this can't happen to you? Think again! Approximately 8,000 animals, most of them wild, are diagnosed with rabies annually in the United States.

Rabies is a fatal disease caused by a virus found in the saliva of infected mammals and is transmitted to pets and humans by bites, or possibly by contamination of an open cut with saliva. Prompt treatment is critical; there is no cure.

The Wisconsin Veterinary Medical Association stresses the importance of rabies vaccinations. Preventative health care, including rabies vaccinations, is an important part of a pet's health. Vaccinations are available to ensure that dogs, cats, ferrets or livestock animals will not get rabies. It is the pet owner's responsibility to make sure the shots are kept up-to-date. Wisconsin state law requires that a licensed veterinarian administer the rabies vaccine. State law also makes rabies vaccination mandatory for all dogs.

It is critical to vaccinate cats as well. According to the Centers for Disease Control and Prevention, in the United States, rabid cats have outnumbered rabid dogs in eight of the last 10 years.

It is important to note that animals vaccinated by their owners are not considered legally vaccinated. If this animal bites a human, it is quarantined and treated as if no vaccination was given. If you are unsure if your animal is vaccinated properly, ask your veterinarian.

- from the Wisconsin Veterinary Medical Association

Proposed Vaccinations for Dogs:



Vaccines are now being divided into two classes. 'Core' vaccines for dogs are those that should be given to every dog. 'Noncore' vaccines are recommended only for certain dogs. Whether to vaccinate with noncore vaccines depends upon a number of things including the age, breed, and health status of the dog, the potential exposure of the dog to an animal that has the disease, the type of vaccine and how common the disease is in the geographical area where the dog lives or may visit.

The AVMA Council on Biologic and Therapeutic Agents' Report on Cat and Dog Vaccines has recommended that the core vaccines for dogs include [distemper](#), [canine adenovirus-2](#) (hepatitis and respiratory disease), [canine parvovirus-2](#) and [rabies](#).

Noncore vaccines include [leptospirosis](#), [coronavirus](#), canine parainfluenza and *Bordetella bronchiseptica* (both are causes of '[kennel cough](#)'), and *Borrelia burgdorferi* (causes [Lyme Disease](#)). Consult with your veterinarian to select the proper vaccines for your dog or puppy.

AVMA Vaccination Recommendations for Dogs

Component	Class	Efficacy	Length of Immunity	Risk/Severity of Adverse Effects	Comments
Canine Distemper	Core	High	> 1 year for modified live virus (MLV) vaccines	Low	
Measles	Noncore	High in preventing disease, but not in preventing infection	Long	Infrequent	Use in high risk environments for canine distemper in puppies 4-10 weeks of age
Parvovirus	Core	High	> 1 year	Low	
Hepatitis	Core	High	> 1 year	Low	Only use canine adenovirus-2 (CAV-2) vaccines
Rabies	Core	High	Dependent upon type of vaccine	Low to moderate	
Respiratory disease from canine adenovirus-2 (CAV-2)	Noncore	Not adequately studied	Short	Minimal	If vaccination warranted, boost annually or more frequently
Parainfluenza	Noncore	Intranasal MLV - Moderate Injectable MLV - Low	Moderate	Low	Only recommended for dogs in kennels, shelters, shows, or large colonies; If vaccination warranted,

					boost annually or more frequently
Bordetella	Noncore	Intranasal MLV - Moderate Injectable MLV - Low	Short	Low	For the most benefit, use intranasal vaccine 2 weeks prior to exposure
Leptospirosis	Noncore	Variable	Short	High	Up to 30% of dogs may not respond to vaccine
Coronavirus	Noncore	Low	Short	Low	Risk of exposure high in kennels, shelters, shows, breeding facilities
Lyme	Noncore	Appears to be limited to previously unexposed dogs; variable	Revaccinate annually	Moderate	

A possible vaccination schedule for the 'average' dog is shown below:

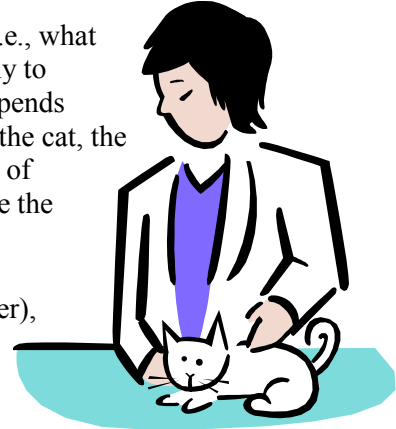
Dog Vaccination Schedule	
Age	Vaccination
5 weeks	Parvovirus: for puppies at high risk of exposure to parvo, some veterinarians recommend vaccinating at 5 weeks. Check with your veterinarian.
6 & 9 weeks	Combination vaccine* without leptospirosis. Coronavirus: where coronavirus is a concern.
12 weeks or older	Rabies: Given by your local veterinarian (age at vaccination may vary according to local law).
12 & 15 weeks**	Combination vaccine

	<p>Leptospirosis: include leptospirosis in the combination vaccine where leptospirosis is a concern, or if traveling to an area where it occurs.</p> <p>Coronavirus: where coronavirus is a concern.</p> <p>Lyme: where Lyme disease is a concern or if traveling to an area where it occurs.</p>
Adult (boosters) [§]	<p>Combination vaccine</p> <p>Leptospirosis: include leptospirosis in the combination vaccine where leptospirosis is a concern, or if traveling to an area where it occurs.</p> <p>Coronavirus: where coronavirus is a concern.</p> <p>Lyme: where Lyme disease is a concern or if traveling to an area where it occurs.</p> <p>Rabies: Given by your local veterinarian (time interval between vaccinations may vary according to local law).</p>
<p>*A combination vaccine, often called a 5-way vaccine, usually includes adenovirus cough and hepatitis, distemper, parainfluenza, and parvovirus. Some combination vaccines may also include leptospirosis (7-way vaccines) and/or coronavirus. The inclusion of either canine adenovirus-1 or adenovirus-2 in a vaccine will protect against both adenovirus cough and hepatitis; adenovirus-2 is highly preferred.</p> <p>**Some puppies may need additional vaccinations against parvovirus after 15 weeks of age. Consult with your local veterinarian.</p> <p>[§] According to the American Veterinary Medical Association, dogs at low risk of disease exposure may not need to be boosted yearly for most diseases. Consult with your local veterinarian to determine the appropriate vaccination schedule for your dog. Remember, recommendations vary depending on the age, breed, and health status of the dog, the potential of the dog to be exposed to the disease, the type of vaccine, whether the dog is used for breeding, and the geographical area where the dog lives or may visit.</p> <p>Bordetella and parainfluenza: For complete canine cough protection, we recommend Intra-Trac II ADT. For dogs that are shown, in field trials, or are boarded, we recommend vaccination every six months with Intra-Trac II ADT.</p>	

Researchers at the Veterinary Schools at the University of Minnesota, Colorado State University, and University of Wisconsin suggest alternating vaccinations in dogs from year to year. Instead of using multivalent vaccines (combination vaccines against more than one disease), they recommend using monovalent vaccines which only have one component, e.g., a vaccine that only contains parvovirus. So, one year your dog would be vaccinated against distemper, the next year against canine adenovirus-2, and the third year against parvovirus. Then the cycle would repeat itself. Other researchers believe we may not have enough information to recommend only vaccinating every 3 years. Manufacturers of dog vaccines have not changed their labeling which recommends annual vaccinations. Each dog owner must make an informed choice of when to vaccinate, and with what. Consult with your veterinarian to help you make the decision.

Proposed Vaccinations for Cats:

Experts generally agree on what vaccines are 'core' vaccines for cats, i.e., what vaccines should be given to every cat, and what vaccines are given only to certain cats (noncore). Whether to vaccinate with noncore vaccines depends upon a number of things including the age, breed, and health status of the cat, the potential exposure of the cat to an animal that has the disease, the type of vaccine and how common the disease is in the geographical area where the cat lives or may visit.



In cats, the suggested core vaccines are feline panleukopenia (distemper), feline viral rhinotracheitis, feline calicivirus, and rabies.

The American Association of Feline Practitioners (AAFP) recommends vaccinating against feline panleukopenia (distemper), feline viral rhinotracheitis, and feline calicivirus every three years. But they also suggest that cats at a high risk of exposure to these diseases may benefit from more frequent vaccinations. Since vaccinating every three years does not agree with the current manufacturers' directions of vaccinating annually, when to vaccinate, and with what, must be a personal (and informed) choice for each cat owner. Consult with your veterinarian to determine what is best for your cat.

The noncore vaccines include [feline leukemia \(FeLV\)](#), [feline infectious peritonitis \(FIP\)](#), [ringworm](#), and chlamydia. The AAFP recommends AGAINST FeLV vaccinations in adult totally indoor cats who have no exposure to other cats. It is suggested that all kittens, because they are most susceptible and their lifestyles may change, should receive an initial FeLV vaccination series. FIP and ringworm vaccinations are not recommended. The choice to use a chlamydia vaccine is based upon the prevalence of the disease and husbandry conditions.

Vaccination Recommendations for Cats

Component	Class	Efficacy	Length of Immunity	Risk/Severity of Adverse Effects	Comments
Panleukopenia	Core	High	> 1 year	Low to Moderate	Use caution with intranasal modified live virus (MLV) vaccines in stressed kittens
Rhinotracheitis	Core	High; may not prevent infection or carrier	> 1 year	Moderate; MLV vaccine can cause carrier state	Use killed vaccine in catteries where respiratory

		state			disease is not a problem; use intranasal vaccine for faster protection
Calicivirus	Core	Variable; may not prevent infection or carrier state	> 1 year	Higher for MLV vaccines that can cause carrier state	Killed vaccines prevent acute signs of disease and do not cause carrier state
Rabies	Core	High	Dependent upon type of vaccine	Low to moderate; Lower for recombinant vaccines	
Feline Leukemia	Recommended for all cats that live outside full or part time, or those living full time inside but with exposure to outside cats. Also suggested for all kittens.	Variable	Revaccinate annually for cats at risk	Vaccine-related sarcomas can develop with killed (adjuvanted) vaccines	Vaccination not recommended for cats with minimal or no risk, especially after 4 months of age; blood test prior to vaccination
Chlamydia	Noncore	Low	< 1 year	High	Not recommended for cats at minimal or no risk
Feline Infectious Peritonitis	Noncore	Low			Not recommended
Bordetella	Noncore	Low	Short	May be more severe in kittens	
Giardia	Insufficient data to comment - not recommended				
Feline Immunodeficiency Virus	Insufficient data to comment - vaccinated cats should be permanently identified since they will likely have positive results if tested for FIV				

A possible vaccination schedule for the 'average' indoor house cat is shown below:

Cat Vaccination Schedule	
Age	Vaccination
6-7 weeks	Combination Vaccine*
10 weeks	Combination vaccine Chlamydia (Pneumonitis): include in combination vaccine where it is a concern.
12 weeks or older	Rabies: Given by your local veterinarian (age at vaccination may vary according to local law).
13 weeks	Combination vaccine Chlamydia (Pneumonitis): include in combination vaccine where it is a concern. Feline Leukemia (FeLV): for kittens at risk of exposure to feline leukemia virus.
16 & 19 weeks	Combination vaccine FeLV: for kittens at risk of exposure to feline leukemia virus.
Adult (boosters)**	Combination vaccine Chlamydia (Pneumonitis): include in combination vaccine where it is a concern. FeLV: for cats at risk of exposure to feline leukemia virus. Rabies: Given by your local veterinarian (time interval between vaccinations may vary according to law).
<p>*A combination vaccine includes feline distemper, rhinotracheitis, and calicivirus. Some may also include chlamydia.</p> <p>**According to the American Veterinary Medical Association and the American Association of Feline Practitioners, cats at low risk of disease exposure may not need to be boosted yearly for most diseases. Consult with your local veterinarian to determine the appropriate vaccination schedule for your cat. Remember, recommendations vary depending on the age, breed, and health status of the cat, the potential of the cat to be exposed to the disease, the type of vaccine, whether the cat is used for breeding, and the geographical area where the cat lives or may visit.</p>	