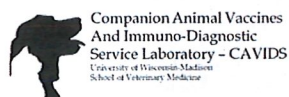


Canine Vaccines, Titer Testing and Nomographs

Laurie Larson, DVM

CAVIDS Laboratory, Department of Pathobiological Sciences, UW School of Veterinary Medicine



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Introduction – Dr. Larson

- NDSU – Microbiology, VDL
- ISU – DVM
- Mixed and small animal practice
- Joined Schultz laboratory in 1991
- Member AAHA canine vaccine guidelines taskforce
- “Team Labrador”



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Dedication:

To the memory of my
grandmother, Grace
Corbin

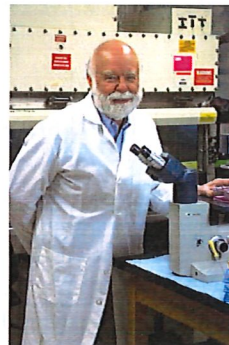
- a hobby
miniature



3

Gratitude:

To Dr. Ronald Schultz



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RD Schultz Laboratory

- Development and Testing
 - Veterinary Vaccines
 - Veterinary Diagnostics
- Antibody Testing Service
 - Veterinarians
 - Pet Owners
 - Breeders
 - Animal Shelters
- Infectious Disease Consultation and Education
- Multiple industry collaborations



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RD Schultz Laboratory → CAVIDS Laboratory

- Development and Testing
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Companion Animal Vaccines
And Immuno-Diagnostic
Service Laboratory - CAVIDS
University of Wisconsin-Madison
School of Veterinary Medicine

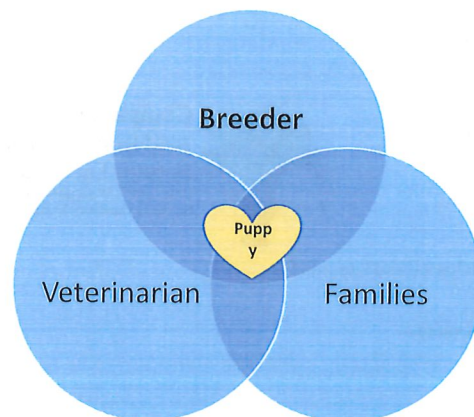
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Discussion Objectives

- Explain some basics of vaccines
 - Types of vaccines
 - How vaccines work
 - Vaccine schedules
- Discuss the canine immune response to vaccination
- Compare types of titer tests
- Review passive transfer of antibody
- Show how nomograph is calculated and factors affecting it
- Discuss limitations to nomograph
- Consider approaches for high risk situations
- Share stories from the field
- Questions and discussion

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Discussion Objectives: “Big Picture”



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Recent History of Canine Vaccination

- Annual Revaccination of dogs and cats was the standard of practice for many years
- Feline Vaccine Associated Sarcoma recognized in early 1990s
- American Association of Feline Practitioners Vaccine Taskforce
- Feline vaccine guidelines first developed in 1998



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American Animal Hospital Association (AAHA)

- Canine Vaccine Guideline Taskforce – Dr. Schultz remains a member of this group.
- First developed guidelines for canine vaccination in 2003 and updated multiple times since.
- The canine vaccine guidelines are available to the public at:
 - https://www.aaaha.org/professional/resources/canine_vaccine.aspx



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Classes of Canine Vaccines

- Core Vaccines – provide long-term, highly effective immunity against disease agents that cause significant clinical signs, including death.
 - **ALL DOGS** SHOULD RECEIVE THESE VACCINES
- Non-Core Vaccines – provide partial immunity, for a short term, and/or protect against diseases that are neither highly virulent nor universally prevalent.
 - THESE VACCINES SHOULD BE USED (OR NOT) BASED ON RISK OF THE DISEASE FOR EACH INDIVIDUAL DOG

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Types of Vaccine

- Avenomous
- Recombinant Vectored
- Recombinant Subunit
- Bacterin
- Killed Viral
- Avirulent Live Bacterial - Infectious
- **Modified Live Viral -Infectious**



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Terminology

- Protection from Infection – “sterile immunity”
- Protection from Disease – agent can infect, but disease is lessened by the immune response
- **“Vaccination” ≠ “Immunization”**



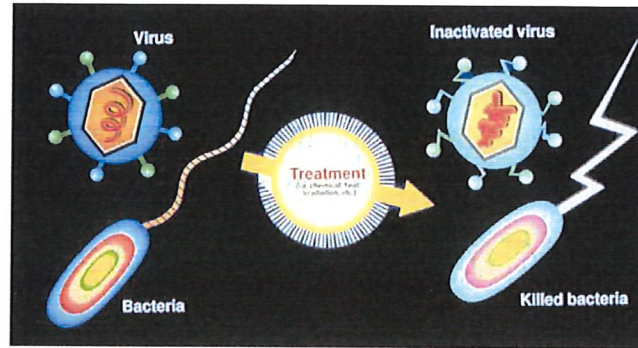
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How do Vaccines Work?



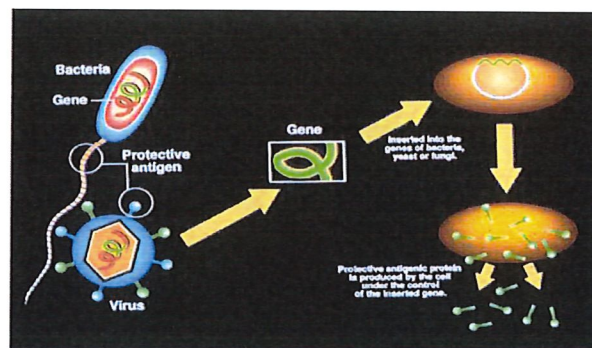
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Killed Virus or Bacterin Vaccine



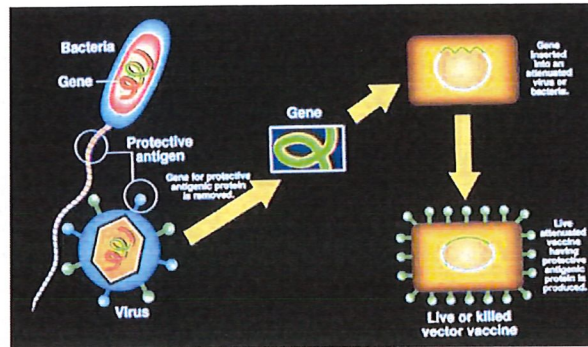
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Recombinant Subunit Vaccine



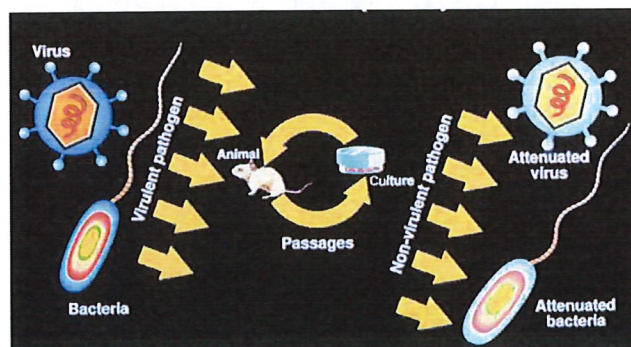
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Recombinant Vector Vaccine



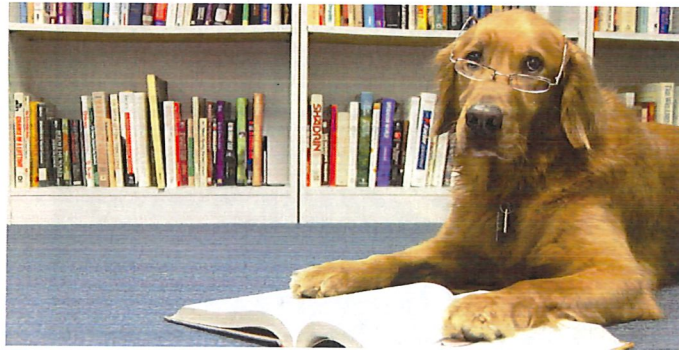
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Modified Live Viral (Avirulent Bacterial) Vaccine



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Is this going to be on the test??




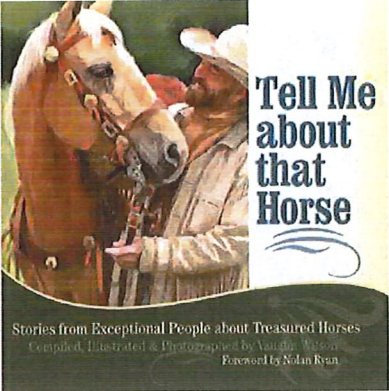
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Virulent Virus



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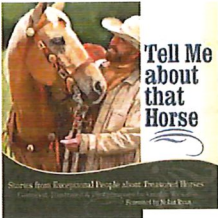
Killed Vaccine



Adjuvant ↑

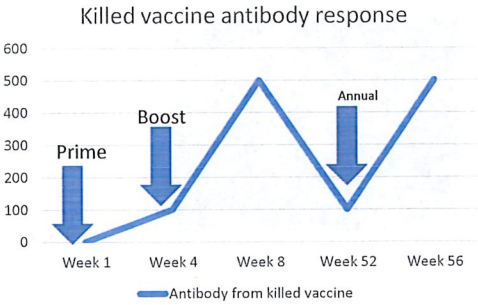
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Killed Vaccine



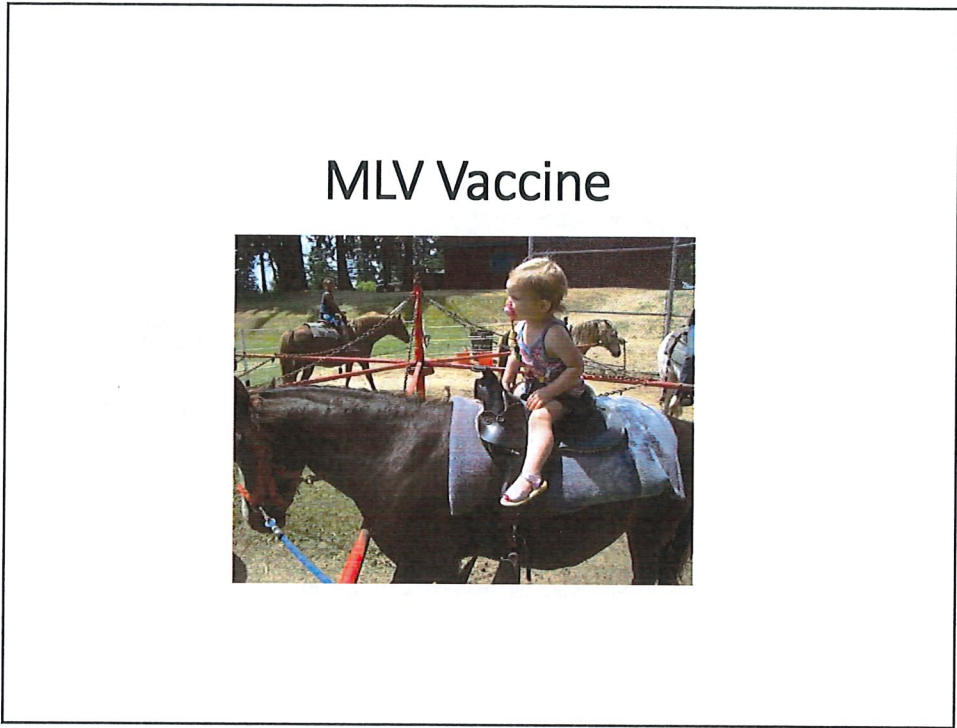
Adjuvant ↑

Killed vaccine antibody response

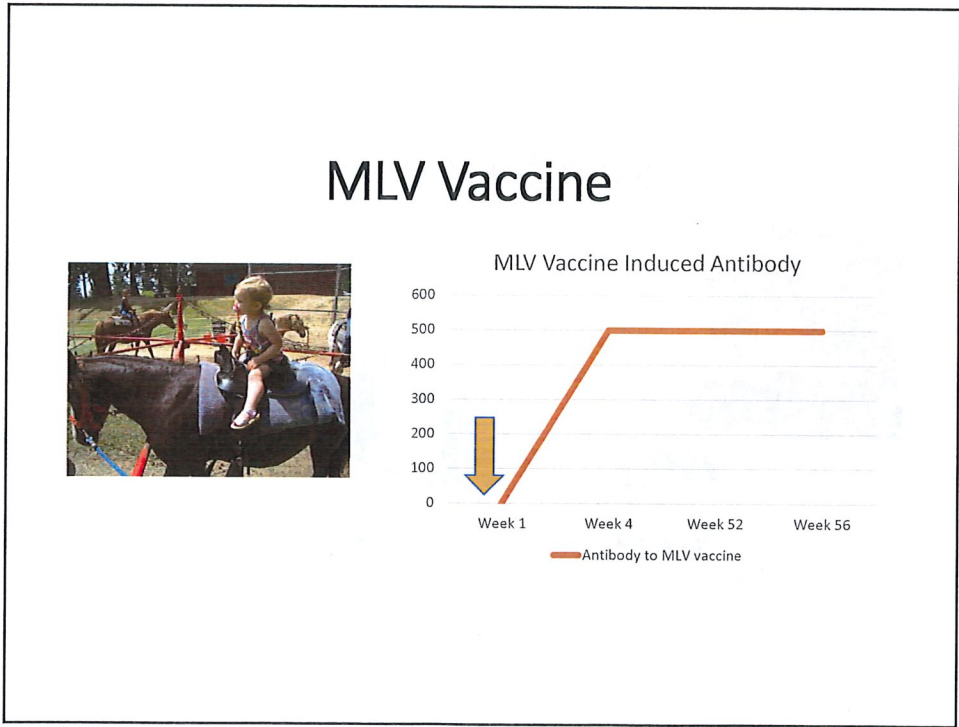


Week	Antibody from killed vaccine
Week 1	0
Week 4	100
Week 8	500
Week 52	100
Week 56	500

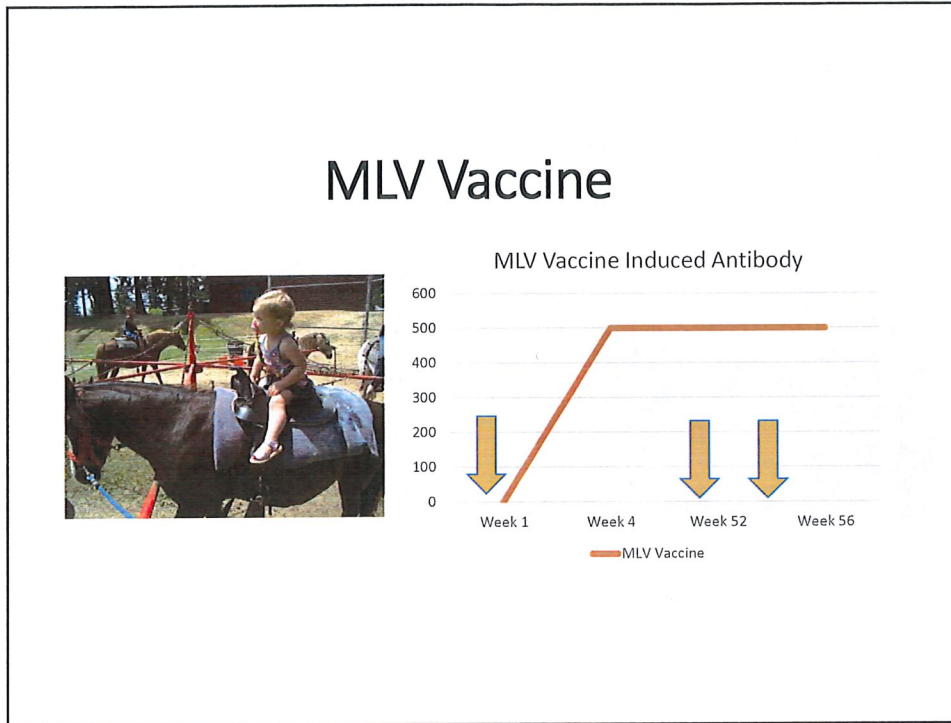
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What about Nosodes?

- **No efficacy as a preventative against infection with CDV, CPV-2**
- Should NOT be used in lieu of core vaccines in initial immunization of puppies (or kittens)
- May have use as adjunct treatment or immune support



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What about “Natural Immunization”?

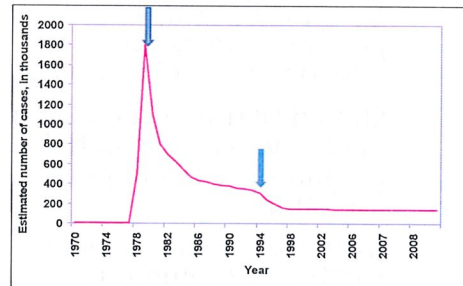


- aka: Let the puppy get the disease and hope he survives
- Just....no. MLV Core vaccines are highly effective and pose a low risk of adverse event.
- When a less virulent virus returns to susceptible host, it will gain virulence and be shed in increasingly higher numbers to the next one

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Results of MLV Core Vaccine Success

- “Community Immunity” or herd health excellent where core vaccination is common



Parvovirus cases in United States

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Potential Adverse Reactions to Vaccines

- Allergic reactions
 - Anaphylaxis
 - Neurologic disease
 - Immune mediated diseases
 - Tumor formation
- Adverse reactions are not common, but may be triggered by vaccine in a dog that is predisposed



Courtesy of Dr. Alice Villalobos

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How big a risk are vaccine adverse reactions?

NATIONAL WEATHER SERVICE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

HOME FORECAST PAST WEATHER SAFETY INFORMATION EDUCATION NEWS SEARCH ABOUT

How Dangerous is Lightning?

[Weather.gov](#) > [Safety](#) > [How Dangerous is Lightning?](#) Safety National Program

Lightning is a major cause of storm related deaths in the U.S. A lightning strike can result in a victims may appear to have a delayed death a few days later if they are resuscitated but have...

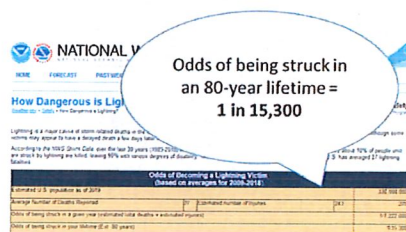
According to the NWS Storm Data, over the last 30 years (1989-2018) the U.S. has averaged 27 deaths and 270 injuries are struck by lightning are killed, leaving 50% with various degrees of disability. More recent fatalities.

Odds of Becoming a Lightning Victim (based on averages for 2000-2018)	
Estimated U.S. population as of 2019	330,000,000
Average Number of Deaths Reported	27
Estimated number of Injuries	270
Odds of being struck in a given year (estimated total deaths + estimated injuries)	1/1,222,000
Odds of being struck in your lifetime (Est. 80 years)	1/15,300

Odds of being struck in an 80-year lifetime = 1 in 15,300

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How big a risk are vaccine adverse reactions?



- Odds of canine severe vaccine reaction:

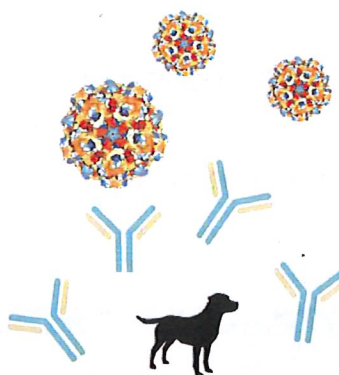
~1 in 10,000

Is this risk worth taking?

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Sterile Immunity

- Antibody binds to the virus
- Virus is prevented from infecting
- Virus can't replicate – it is sterilized
- Titer threshold determined by multiple challenge of immunity studies
- CAV, CPV, CDV
- “Deadbolt on the door”



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Causes of Vaccine Failure



- Improper vaccine handling
- Insufficient dosing
- Wrong kind of vaccine used
- Genetic non-responder
- Given too late— dog already infected
- **Given too soon - Maternal Antibody Interference (sterile immunity)**

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Canine Non-Core Vaccines

- *Leptospira* spp
 - Canine Influenza Virus
 - *Bordetella bronchiseptica*
 - Lyme disease (*Borrelia burgdorferii*)
 - Rattlesnake Antivenom
-
- Titer Testing not meaningful
 - Many are killed vaccines with adjuvants
 - Protection is not complete
 - Use based on RISK
 - If given to puppies, wait until core series has been completed
 - If given to adults, wait 2 weeks after core vaccine



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Canine Core Vaccines – Adult Dogs

- Once an ***active immune response*** is proven, protection against infection is excellent and long lasting in most cases
- Best practice: give CDV, CPV-2, and CAV-2 vaccines only ***as needed*** based on titer testing
- Not more frequently than every three years



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Canine Core Vaccines – Antibody Testing

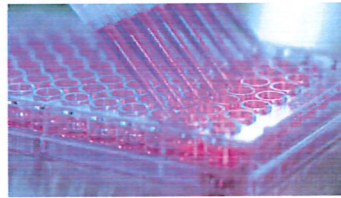
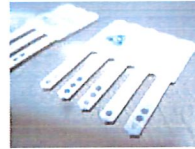


- Adult dogs titer test at 3 year intervals
- Breeding dams – test for nomograph before each breeding is best
- Important to test puppies after the core series is completed. (**Quantitative** is better able to differentiate passive vs active responses.)

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Types of Antibody Testing

- Screening (qualitative) – “yes/no” answer
- Gold Standard (quantitative) – highest dilution of antibody that can be detected. More sensitive
- Must be correlated to challenge data –CAVIDS laboratory Gold Standard tests are.



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Duration of Immunity – Core Vaccines

- Multiple Schultz laboratory studies showed that MLV distemper combination vaccines provided protection from challenge with virulent CDV, CPV-2, and CAV-1 up to 7-9 years after previous vaccination
- Protection can be expected to last many years to a lifetime
- Circulating antibody above protective threshold correlates 100% with protection
- Client owned dogs tested by our laboratory show antibody duration up to 13 years post previous vaccination

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Canine Core Vaccines – Puppy Series



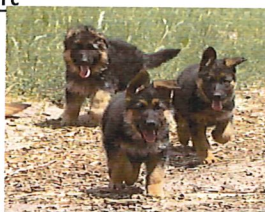
- Canine Parvovirus -2
 - Canine Distemper Virus
 - Canine Adenovirus – 1,2
-
- A **SINGLE** effective dose of MLV “distemper combo” is enough to immunize the pup!

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Why do we give puppies multiple doses of Core vaccines?

High Risk Environment

- 6 weeks of age
- 8 weeks of age
- 10 weeks of age
- 12 weeks of age
- 14 weeks of age
- 16 weeks of age
- 1 year old



Standard schedule = 8-9 weeks, 12-13 weeks, and 16 weeks

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Why do we give puppies multiple doses?



- **Because, most of the time, we are shooting in the dark!**
- We don't know when passively derived maternal antibody is no longer able to block vaccination

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Maternal Antibody Interference

- Colostrum contains antibodies from the mother
- During the first 12 hours after birth, the puppy is able to absorb the antibody directly from gut to bloodstream
- Passive antibody protects puppies from specific diseases, and breaks down over the first few months of life
- Temporary



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Reasons to Minimize Number of Puppy Shots

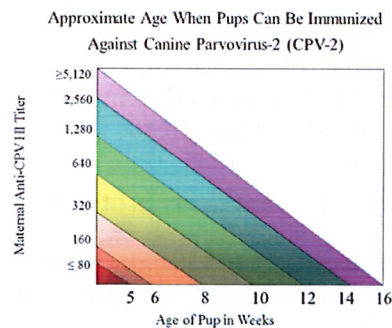
- Hypertrophic Osteodystrophy
- Allergic sensitization
- Immunosuppression
- Other potential adverse reactions
- Breeders of HOD highly susceptible breeds (Irish Setters, Weimaraners, etc) have increasingly requested **nomographs** from our service



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Nomograph Antibody Titer

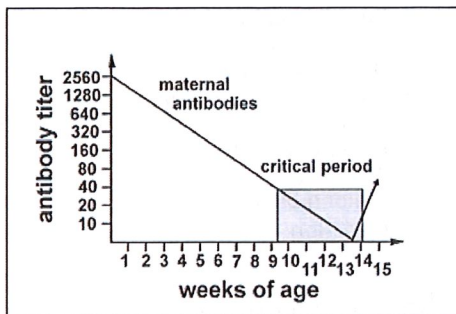
- By knowing the dam's titers against CDV and CPV-2, we can get a better idea of when the maternal antibody will no longer interfere with vaccination
- Fewer doses are needed in the puppy series as a result
- **Window of susceptibility** can be estimated



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Window of Susceptibility – Puppy Vaccination

- Mostly concerned with CPV-2
- Virulent virus can overcome a higher titer of passive antibody than the vaccine can
- For most currently available CPV-2 vaccines, this time frame is roughly 2 weeks



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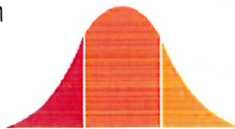
Why tailor a vaccine schedule for a litter?

Low levels of MDA

- Susceptible earlier in life
- Can finish series earlier
- Follow-up testing proof of protection early
- Critical socialization period peace of mind
- Better long-term bonding

High levels of MDA

- Could block vaccine beyond standard series end at 16 weeks
- Significant risk for pups in first year of life due to failure to immunize
- Fully vaccinated dog that is not immune



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Limitations of Nomograph

- Failure of Passive Transfer
 - Dam doesn't make colostrum
 - Dam leaks colostrum
 - Dam has extremely large litter
 - Extended or difficult whelping
 - Maiden bitch
 - C-section
- Don't expect that a nomograph will guarantee time frame that pups are protected from disease



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Factors affecting Maternal Antibody in pups

- First born/Last born
- Ability of dam to concentrate antibody in colostrum
- Breed related catabolic rate
- Caloric restriction
- Timing of dam blood draw



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Antibody Testing in High Risk Situations

- Excellent biosecurity is a must!
- Test at least one pup from litter before vaccination is begun
- Include history of presence of infectious disease on submission form
- Re-test pups after vaccination to be sure of response



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Canine Vaccination, Titer Testing and Nomograph - Summary



- Vaccination is a medical procedure that warrants careful consideration
- Judicious use of core vaccines provides excellent protection from disease
- Overuse of core and non-core vaccines increases risk of adverse events with questionable benefit
- Antibody testing is an important tool for clinical decisions regarding core vaccination
- Differing types of antibody tests have variable applications

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Time to let the dogs out....

Questions?



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