Canine and Feline Vaccine Protocols

Canine Vaccination Protocol UTCVM 2011

The UTCVM canine vaccination protocol follows the 2006 revised American Animal Hospital Association (AAHA) Vaccine Guidelines. A single dose of meloxicam (0.1 mg/kg PO) may be given prior to administration of recombinant vaccines in patients that are predetermined to be healthy.

1. **DA_2P** (distemper; adenovirus type 2; parvovirus) or **DA_2PP** (distemper; adenovirus type 2; parvovirus; parainfluenza)

   DA_2PP is considered a core vaccination as stated in the American Animal Hospital Association Canine Vaccine Guidelines.

   DA_2PP vaccinations should be given subcutaneously on the right forelimb.

   The **DA_2PP** vaccine is given initially between 6-8 weeks of age and then every 3-4 weeks until 16 weeks of age. If dogs are older than 16 weeks at the start of vaccinations, a series of 2 doses 3-4 weeks apart are given. A booster vaccine is then given at 1 year of age and then every 3 years thereafter for both scenarios. High risk breeds (Pit bulls, Rottweilers, Dobermans) for getting parvovirus can be vaccinated out to 18-20 weeks. Weimaraners should be vaccinated with recombinant distemper to decrease any possible role of vaccine in development of hypertrophic osteodystrophy (HOD).

2. **Rabies**

   Rabies is considered a core vaccination as stated in the American Animal Hospital Association Canine Vaccine Guidelines.

   Rabies vaccinations should be given subcutaneously on the right rear limb.

   The Rabies vaccine is given initially between 12-16 weeks of age. A booster is given 1 year later and then

every 3 years thereafter or as stated by local law. Local law influences frequency of vaccination regardless of the product labels. Currently Tennessee recognizes a 3 year Rabies vaccination protocol.

3. **Lyme**

Lyme is considered a non-core vaccination as stated in the American Animal Hospital Association Canine Vaccine Guidelines. Recommendations should be made based on each individuals risk assessment. Dogs living in or traveling to Lyme endemic areas or areas where the risk of vector tick exposure is high should be vaccinated. Dogs that have tested positive for Lyme disease should be treated and then vaccinated to prevent re-infection as natural infection does not prevent re-infection.

Lyme vaccine should be given subcutaneously on the left forelimb.

Lyme vaccine is administered initially at 9-12 weeks of age with a booster 2-4 weeks later. Annual vaccination is required.

4. **Leptospirosis**

Leptospirosis is considered a non-core vaccination as stated in the American Animal Hospital Association Canine Vaccine Guidelines. Recommendations should be made based on each individuals risk assessment. Dogs that are at high risk for exposure (free run of the neighborhood, go hiking, swimming in lakes/ponds, wildlife exposure) should be vaccinated. This vaccine is associated with vaccine reactions and should be given away from other vaccinations. Ex. Give Rabies at 12 weeks and then give Leptospirosis at 14-16 weeks with a booster 2-4 weeks later. This vaccine should NOT be given to dogs less than 12 weeks old. Risk of exposure should be heavily discussed in dogs that are less than 12 pounds as they are more likely to have vaccination reactions. If vaccination is necessary pre-treatment with diphenhydramine is recommended.

Leptospirosis should be given subcutaneously on the left rear limb.

5. **Bordetella/Parainfluenza**

Bordetella is considered a non-core vaccination as stated in the American Animal Hospital Association Canine Vaccine Guidelines. Recommendations should be made based on each individuals risk assessment.

Dogs that are at high risk for exposure (kennels, frequently groomed, go to training classes, go to dog parks, stay at boarding facilities) should be vaccinated. We recommend intranasal vaccination.

Bordetella can be administered intranasally as early as 3 weeks of age. For best results a second dose should be given 2-4 weeks after the first. If dogs are older than 16 weeks, a single dose is recommended. Annual boosters are required. If dogs have not been vaccinated within the previous 6 months, a booster is recommended 1 week prior to known exposure. Since this vaccine is modified-live, transient coughing, sneezing, or nasal discharge can be seen in a small number of patients.

Bordetella can also be administered by subcutaneous injection in dogs unable to receive the vaccine by the intranasal route. This killed vaccine is labeled for use in dogs 8 weeks or older and is a series of 2 injections 2-3 weeks apart with an annual booster. This vaccine should be administered at or below the left elbow.

6. **Canine influenza Virus (H3N8)**

The H3N8 vaccine is considered a non-core vaccination. It was approved in June 2009 and is a killed, adjuvanted vaccine. Recommendations should be made based on risk/lifestyle assessment and are similar to those listed above for Bordetella. Dogs in shelter or cluster housing situations may be the best candidates for vaccination. Vaccination does not prevent disease but does decrease the severity and duration of clinical signs and damage to the lungs. The disease has been reported in at least 30 states.

H3N8 can be administered to dogs 6 weeks of age and older. Two doses are given subcutaneously 2-4 weeks apart. Booster vaccination should be given yearly. This vaccination should be given subcutaneously in the left forelimb at a different location than Lyme vaccination.

We generally do not recommend use of **coronavirus, Giardia spp., or **Crotalus spp. toxoid** vaccinations.**

The UTCVM feline vaccination protocol follows the 2006 American Association of Feline Practitioners (AAFP) 2006 Vaccine Advisory Panel Report. A single dose of meloxicam (0.1 mg/kg PO) may be given prior to administration of recombinant vaccines in patients that are predetermined to be healthy.

1. **FVRCP (feline viral rhinotracheitis or herpes virus 1; calicivirus, parvovirus or panleukopenia)**

   FVRCP is considered a core vaccination as stated in the American Association of Feline Practitioners Vaccine Advisory Panel Report.

   FVRCP vaccinations should be given subcutaneously at/below the right elbow.

   The FVRCP vaccine is given initially between 6-8 weeks of age and then every 3-4 weeks until 16 weeks of age. If cats are older than 16 weeks at the start of vaccinations, a series of 2 doses 3-4 weeks apart are given. A booster vaccine is then given at 1 year of age and then every 3 years thereafter for both scenarios.

   If the combination vaccination protocol listed below is used, the panleukopenia can be given as above via injection and the rhinotracheitis and calicivirus given as above but intranasally. Cats that are vaccinated with intranasal vaccine may have annual boosters if they are frequently boarded or groomed.

   They should be non-adjuvanted products when at all possible.

   Immunosuppressed (FeLV and FIV positive cats, pregnant, etc.) should receive only KILLED products.

2. **Rabies**

   Rabies is considered a core vaccination as stated in the American Association of Feline Practitioners Vaccine Advisory Panel Report.

   Rabies vaccinations should be given subcutaneously at/below the right knee.

   The rabies vaccine is given first at 12-16 weeks and then boosted yearly. Continual yearly boosters of a non-adjuvanted vaccine are recommended but a 3 year vaccine can be given to cats after the initial

yearly booster if desired.

They should be non-adjuvanted products when at all possible.

3. **Feline Leukemia (FeLV)**

We strongly recommend **feline leukemia vaccination (FeLV)** in all kittens (considered core) and in cats that have a high risk of exposure. The first vaccine is started at 9 weeks of age, boosted in 3-4 weeks and then yearly. This vaccine is given transdermally using Merial s VETJET system in the skin of the left rear leg at/below the knee.

We generally do not recommend use of **FIV (feline immunodeficiency virus), Chlamydophilia felis, Bordetella bronchiseptica, FIP (feline infectious peritonitis), and **Giardia spp.** vaccinations.**