SHELTIE TALES

August 2012
Newsletter of the Shetland Sheepdog Club of Southeast Florida, Inc.
www.sscsefl.com

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Vice-President:	**Kelly McDonough**
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Show Chairman:	**Lisa Malanowski**
Website:	**Holly Potts**
Membership:	**Ellen Ragland**
	Anna Whiting
	Lisa Malanowski

Upcoming Club Events ----------

AKC-Sanctioned Match:	Sunday, August 26, 2012, at 10:00 a.m.
BBQ, Sheltie Social, and Membership Meeting:	Sunday, August 26, 2012, at 11:00 a.m. BBQ is free for all club members. Guests are invited and cost is $3.00. The club will provide burgers, chicken breasts, condiments, and water.
What to bring:	Chairs, ex-pens, water for dogs, your own beverage, and one of the following: a side dish, salad, fruit, or dessert.
Location:	Oakhill Equestrian Park 3100 Southwest 130th Avenue Davie, Florida I-595 to Flamingo Road exit. Travel south for 2 3/4 miles and turn west onto Southwest 36th Court. Travel 1/2 mile to Southwest 130th Avenue, turn north. The park is on the east side of 130th Avenue.

Club Information----------

AKC Sanctioned Match: The club's AKC Sanctioned Match will be held on August 26, 2012, at 10:00 a.m, at the Oakhill Equestrian Park, 3100 Southwest 130th Avenue, Davie, Florida. Cathy Smith will be the match judge. **See the attached flyer for additional details and the entry form.**

BBQ, Sheltie Social, and Club Meeting: The club's BBQ, Sheltie Social, and Club Meeting will start after the AKC Sanctioned Match at approximately 11:00 a.m. The BBQ is free for all club members. Guests are invited and their cost is $3.00. The club will provide burgers, chicken breasts, condiments, and water. Bring chairs, ex-pens, water for dogs, your own beverage, and one of the following to share: a side dish, salad, fruit, or dessert.

Membership: The second reading of an associate member application submitted by Merrylee Malanowski was read at the July general membership meeting. Merrylee was voted into membership. Welcome Merrylee!

"Ask the Breeder": At a past meeting, questions pertaining to vaccinations were discussed during the club's "Ask the Breeder" portion of our general membership meeting. Because of this query, I requested and was granted permission to reprint in our newsletter a chapter from the book Homeopathic Care for Cats & Dogs, by Don Hamilton, which addresses many questions pertaining to vaccinations. As you may remember, the first four parts of his chapter entitled "Vaccination" have been published in prior newsletters. This month we have arrived at the concluding part of that chapter. If you enjoyed reading this information, I would be interested to hear from you.

Grooming and Handling Seminar: The Tampa Bay Area Shetland Sheepdog Club, Inc. will be hosting a two-day grooming and handling seminar on August 18 and 19, 2012. It will be presented by Bella Thompson of Belmark Shelties and Becky Johnson of Beckon Shelties and will be held at the Nature's Classroom in Tampa, Florida. If you have any questions, contact Stephanie Trautman-Riley as she is the seminar coordinator. **See the attached flyer for details.**

Calendar: If you would like to submit a dog photo for the 2013 calendar, the deadline is October 15, 2012. Please submit in a .tif 300 dpi format and send to Pam Danca. Pam is also available by appointment. In addition, Pam will do sittings at the August 26th match. A group shot will be taken for the cover of the calendar.

Who Has What Available for Placement ----------

Colleen Kessler has available for placement two tri-colored female puppies. Puppies were whelped on May 17, 2012. The sire and dam are: "Chase," BPISS/BISS AKC/UKC/CKC CH Cameo Dreamchaser ex "Gidget," Simcos Wild Blue Yonder.

Members with New Litters on the Ground ----------

Lorna Staab of Sta-A-Bit Shetland Sheepdogs is pleased to announce the arrival of a litter of three puppies whelped on July 9, 2012. The sire and dam are: CH Belmark Lasting Legacy ex CH Cameo It Must Be Love.

Interesting Information ----------

Granulomatous Meningoencephalomyelitis, or GME, is an unknown cause for inflammation of the brain, spinal cord, and meninges (a protective lining of the central nervous system). The progressive neurological symptoms of GME include seizures, behavioral changes, compulsive pacing or circling, head tilt, and blindness. An article describing this condition can be found at: http://pethealthlibrary.purinacare.com/articles/dogs-articles/granulomatous-meningoencephalomyelitis-gme/.

Proposed USDA Rule: If you would like to read the United States Department of Agriculture, Animal and Plant Health Inspection Service proposed rule on Animal Welfare; Retail Pet Stores and Licensing Exemptions it can be found at http://www.regulations.gov/contentStreamer?objectId=090000648109bddb&disposition=attachment&contentType=html.

Member Brags ----------

Joni Lowther:
"Ghillie," CH Jade Mist Kippen Ghillie Dhu:
Sire and dam: CH Jade Mist Memorandum ex Jade Mist Perfect Touch.

- On July 14, 2012, at the Jupiter-Tequesta Dog Club Inc. show, "Ghillie" was Best of Opposite Sex.
- On July 15, 2012, at the Jupiter-Tequesta Dog Club Inc. show, "Ghillie" was Select Bitch.

Jackie Corwin:
"Splash," Royale Crest With A Splash:
Sire and dam are: Royale Crest Arbitrage ex Royal Crest Ringsend Moonstruk.

- On July 14, 2012, at the Jupiter-Tequesta Dog Club Inc. show, "Splash" was Winners Dog.

Karen Salvage:
"Tech," Sunspun System Analyst:
"Tech's" sire and dam: CH Heatherland's Analyze This ex Touchtone Sunspun AutumnStar.
- On July 14, 2012, at the Jupiter-Tequesta Dog Club Inc. show, "Tech" was Reserve Winners Dog.

Holly Potts:
"Lacey," GrandGables A Gracious Gift, MX, MXJ:
Sire and dam: Am/Can CH GrandGables Dancing Along ex BIS/BISS Am/Can CH GrandGables Homecomin' Queen (RWB ASSA 2006).
- On July 14, 2012, at the Jupiter-Tequesta Dog Club Inc. show, "Lacey" was Reserve Winners Bitch.
- On July 15, 2012, at the Jupiter-Tequesta Dog Club Inc. show, "Lacey" was Winners Bitch and Best of Winners.

John Gorbas:
"Sky," Vankrol Midnight Blue:
Sire and dam are: Highfields Winter Weather ex Vankrols Tin Lizzy.
- On July 15, 2012, at the Jupiter-Tequesta Dog Club Inc. show, "Sky" was Reserve Winners Dog.

Frank and Maryann Lannon:
"Reese," Larrikin Legally Blond:
Sire and dam: Larrikin Just My Opinion ex Larrikin Show And Tell.
- On July 15, 2012, at the Jupiter-Tequesta Dog Club Inc. show, "Reese" was Reserve Winners Bitch.

Bonny Thatcher:
"Diamond," Himark Magical Diamond Dust:
Sire and dam: CH Kismet's Notable ex Himark Busy as a Bee.
- On July 28, 2012, at the Upper Suncoast Dog Training Club, Inc., "Diamond" finished in fourth place in Novice B. This completed her CD title.
- On July 28, 2012, at the Upper Suncoast Dog Training Club, Inc., "Diamond" qualified in Rally Excellent. This completed her RE title.
- On July 28, 2012, at the Upper Suncoast Dog Training Club, Inc., "Diamond" finished in fourth place in Novice B with a score of 189.
- On July 28, 2012, at the Upper Suncoast Dog Training Club, Inc., "Diamond" finished in third place in Rally Excellent with a score of 87.

Jackie Corwin, Meredith and Hector Hector:
"Quinn," Royale Crest Sunaire Silver Surfer:
Sire and dam are: CH Sunaire Living the Dream ex Royale Crest on the Catwalk.
- On July 15, 2012, at the Jupiter-Tequesta Dog Club Inc. show, "Quinn" was Winners Dog.

SHETLAND SHEEPDOG CLUB OF SOUTHEAST FLORIDA

AKC Sanctioned B Match

Sunday, August 26, 2012

Oakhill Equestrian Park
3100 SW 130th Avenue
Davie, FL 33330
Breed judge: Cathy Smith

Directions: From I-95 or the Turnpike, take I-595 exit. Go West to Flamingo Road exit. Travel South for 2 ¾ mi. Turn West onto SW 36th Ct. Go ½ mi. to SW 130th Ave, turn North. Park is on the East side of 130th Avenue.

MATCH SCHEDULE OF EVENTS:
9:00 a.m.—9:45 a.m. - Day-of-Match Entries **10:00 a.m**. - Conformation judging
ENTRIES:
***Pre-entries* are $7.00 per class** and must be received by Saturday, August 18, 2012. Please use the entry form at the bottom of this flyer or print one from the Shetland Sheepdog Club of Southeast Florida, Inc. web site: http://www.sscsefl.com/
***Day-of Match entries* are $10.00 per class**.
Classes *(divided by sex and limited to Shelties only)*:
3-6 months, 6-9 months, 9-12 months, 12-18 months and Adult
Note: No dogs with major points, no taped ears; professional handlers may only show dogs they own or co-own.
Ribbons for all class placements; Rosettes and prizes for Best Puppy, Best Adult and Best in Match

ENTRY FORM
Sheltie's Name: _____ DOB: _____
Class: _____ Sex: ( ) Dog ( ) Bitch
Sire: _____ AKC # _____
Dam: _____
Breeder (s):_____ Owner(s) _____
_____

The Shetland Sheepdog Club of Southeast Florida, Inc., the match chair, their agents, employees, etc. and the Town of Davie assume NO responsibility for any loss, damage, or injury sustained by exhibitors, spectators, or to any of their dogs or property, and further assume no responsibility for injury to children not under the control of their parents or guardians.

Signature of Owner/Agent: _____ Date: _____

Make check payable to the SSCSEF, Inc. and mail Entry Form(s)
c/o Match Chair: **Ellen Ragland,** 2030 NE 62nd Street, Ft. Lauderdale, FL 33308
954.599.7386 ERBandyMama@aol.com

Seminar Information

Grooming seminar presented by Bella Thompson (Belmark Shelties) and Becky Johnson (Beckon Shelties). Please plan on joining us for this wonderful opportunity to learn new grooming techniques to enhance your dog's virtues and bring attention to them in the show ring.

Dates: August 18 & 19, 2012

Location: Nature's Classroom (indoor, A/C facility)
Tampa, Florida

Cost: $ 75 hands-on position
$ 50 audit position

Limit set at 20 hands on & 20 auditing participants

(lunch and continental breakfast included with seminar)

Seminar coordinator: Stephanie Trautman-Riley
trilliantshelties@gmail.com
813-986-9109 (h) 954-242-1223 (c)

Please contact Stephanie with any questions or to sign up for the seminar.

Vaccination 421

Homeopathic Care for Cats & Dogs
Small Doses for Small Animals
By: Don Hamilton, DVM

If You Still Decide to Vaccinate, What Vaccines Should You Use?

What should you do if vaccination still seems an appropriate choice? *If you have not read this chapter in its entirety, I suggest you do so prior to deciding to vaccinate.*

I present the following information only for those of you who cannot make the decision to avoid vaccinating a puppy or kitten. I do not recommend vaccination, but this information can limit their use for those who still wish to vaccinate. Essentially, the primary diseases for which vaccination may be warranted are canine distemper, canine parvovirus, feline panleukopenia (distemper), and rabies.

Previously, I generally supported the use of noninfectious (killed) vaccines for those who choose to vaccinate, as I feel they have less likelihood for long term damage. Dr. Ron Schultz, of the University of Wisconsin–Madison School of Veterinary Medicine, presents a strong case for the use of modified live vaccines (MLV), however, as repetition can be necessary with noninfectious vaccines. Further, the adjuvant-associated vaccine fibrosarcomas in cats warrant careful consideration of noninfectious rabies and FeLV vaccines in that species. *For this reason, you should never use adjuvanted vaccines in cats.* And maybe even in dogs, since there have been

a very few rare instances of vaccine sarcomas in dogs. With modified live vaccines, one dose can have high efficacy. This primarily applies to canine distemper and canine parvovirus, as noninfectious rabies and feline panleukopenia vaccines are as effective as modified live versions. Rabies vaccines are all noninfectious, as far as I know, at least in the United States. I would be extremely cautious with MLV rabies vaccines in cats, as they have a tendency to revert to wild strains. Purevax, by Merial, is the only nonadjuvanted rabies vaccine at this time, and it is the one to use. Dr. Schultz's "one dose 95 percent" (one dose of vaccine at a given age will successfully immunize 95 percent of animals) suggestions are as follows:

- canine distemper (MLV): ten to twelve weeks;
- canine parvovirus (MLV): twelve to fourteen weeks;
- feline panleukopenia (MLV): ten to twelve weeks.

Thus, if you have a new puppy, one dose of modified live canine distemper virus vaccine at ten to twelve weeks of age, followed in two weeks by one dose of modified live canine parvovirus vaccine, stands a 95 percent chance of protecting him for life from these two diseases. Similarly, one dose (per cat) of feline panleukopenia virus vaccine will protect 95 percent of cats for life. One or two doses of rabies vaccine provide the same lifetime protection, though state law mandates regular boosters. In cats, I recommend panleukopenia virus vaccination only unless there is a known risk for calicivirus or rhinotracheitis virus exposure, in which case I recommend the intranasal vaccine. Intranasal vaccination mimics the natural exposure and works better than the injectable vaccine, though it may create a mild form of the disease. The intranasal rhino-calici vaccine should be given separately from the panleukopenia virus vaccine. I do not recommend vaccination for feline leukemia virus, feline infectious peritonitis virus (feline coronavirus), chlamydia, giardia, or ringworm under any circumstances. There is now a vaccine for the feline immunodeficiency virus, but I would not recommend this either.

In dogs, I would recommend distemper virus and parvovirus vaccines only, and not combined. In rare cases you may need to dose the parvo vaccine at an older age. A titer test can tell you if you need a booster; see below. If there is a risk of exposure to kennel cough, the intranasal bordetella-parainfluenza vaccine may be useful, though it often causes a mild case of kennel cough. I don't recommend it for most dogs, though. I do not rec-

ommend vaccination against canine coronavirus, Lyme disease, giardia, or leptospirosis under any circumstances, and I would only recommend hepatitis (adenovirus-2) vaccination if there is a definite risk of exposure (although the American Animal Hospital Association considers adenovirus-2 to be a core vaccine, the disease is quite rare, though it can be dangerous). One manufacturer has produced a vaccine for giardia, though it may no longer be on the market by the time this edition is published. It is almost universally not recommended by veterinary experts. Finally, there are vaccines against the western diamondback rattlesnake *(C. atrox)* venom and a vaccine for periodontal disease in dogs. I would recommend neither one. I have seen some harsh skin damage with the *C. atrox* vaccine, and periodontal disease is an immune deficiency. Further vaccination is likely to further depress immune function.

Finally, once again, rabies is generally mandated by law for cats and dogs, regardless of risk. This is a legal, not a medical, requirement. The medical status is not much different than with Dr. Schultz's core vaccines, as listed above. He does not give data, but approximately 80 to 85 percent of animals should be protected with one dose, and 95 percent with two doses. This protection should last for life. See the discussion on titers below. It is possible to obtain exemptions in some cases in some states, especially with animals with autoimmune or other known vaccine-compromised illness. Chronically ill animals also warrant an exemption, though not all officials will grant such an exemption. It can help to have a protective titer, however; see below. Additionally, in cats I recommend using the nonadjuvanted rabies vaccine (Merial's Purevax is currently the only one) if you must vaccinate your cat. Other nonadjuvanted single vaccines at the time of writing (to my knowledge) include Schering-Plough's Galaxy-D (canine distemper) and Merial's Recombitek (canine parvovirus). Merial currently also makes a three-way cat vaccine without adjuvant or thimerosol. Any of these products could change at any time, however, so do your research if you choose to vaccinate.

Titers (Antibody Testing)

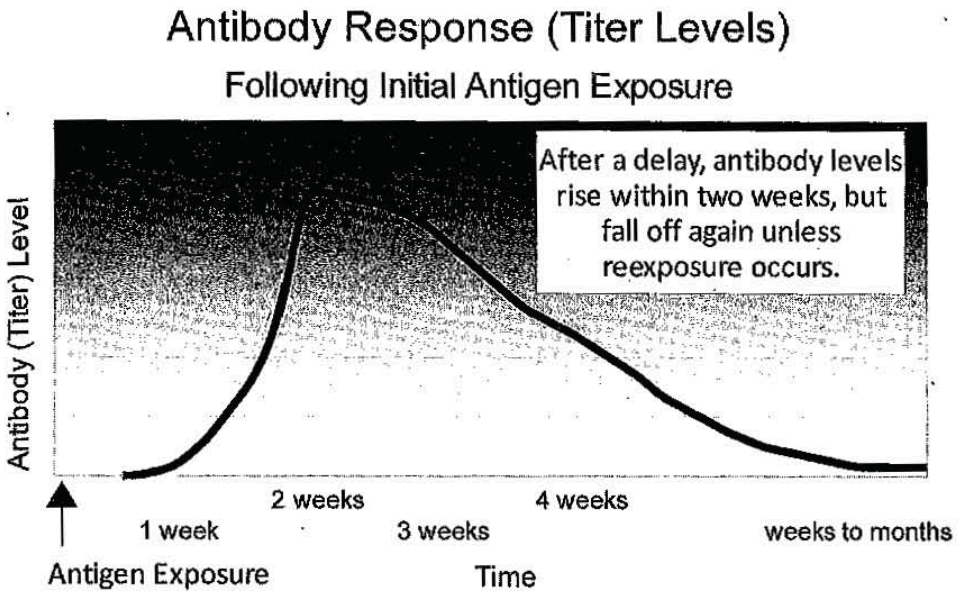
With our awareness of potential vaccine damage, and especially as animal guardians insist upon a more conservative approach to vaccines by their veterinarians, titers have become more of an issue. As with nosodes, however, there is a lot of misinformation, or at least misapplication, regarding

titer use and need. So in this section, I'll give an overview of titers: what a titer represents, what it can tell us, and when it is or is not useful. First, however, a bit about antibodies.

Just what is an antibody? An antibody is a protein, manufactured by lymphocytes, that is engineered to attach to foreign antigens and assist in their destruction and removal from the body. Remember that an antigen is anything that can induce an immune response, normally something foreign to the body. It may be an organism, like the canine distemper virus, or it may be pollens, poison ivy oils, or (in an abnormal response) food proteins. The body has basically two responses to foreign material. The first response, cell-mediated immunity, is less specific to a given antigen/foreign invader. With this immune response, once the sensory arm of the immune system recognizes a foreign antigen, the system sends cells to the area. These cells attempt to ingest and destroy the antigens by a process called phagocytosis. They also utilize other chemical and physical methods to cleanse the antigens from the body, as well as sending signals to bring in white blood cells to begin to form antibodies (also called immunoglobulins) against the antigens. This is the second, antigen-specific part of the immune system.

It usually takes about two weeks following an initial exposure for antibody production to get into high gear. Upon subsequent exposures, however, antibody levels will climb rapidly, typically within forty-eight hours. This secondary response we call an anamnestic response. The reason the anamnestic response is so rapid is that once the immune system has recognized a new antigen, it creates a population of antibody-producing cells (beta lymphocytes or ,-lymphocytes—ß is the Greek letter beta) that are specific to this antigen. Their only job is to make antibody against, for example, canine distemper virus (CDV). For a time following activation of these cells, they continue to multiply and maintain a significant population, constantly producing that CDV specific antibody. After a few weeks or months, however, without further exposure to CDV, antibody levels will slowly drop, sometimes to very low levels. See the chart titled "Antibody Response (Titer Levels)" for more clarity.

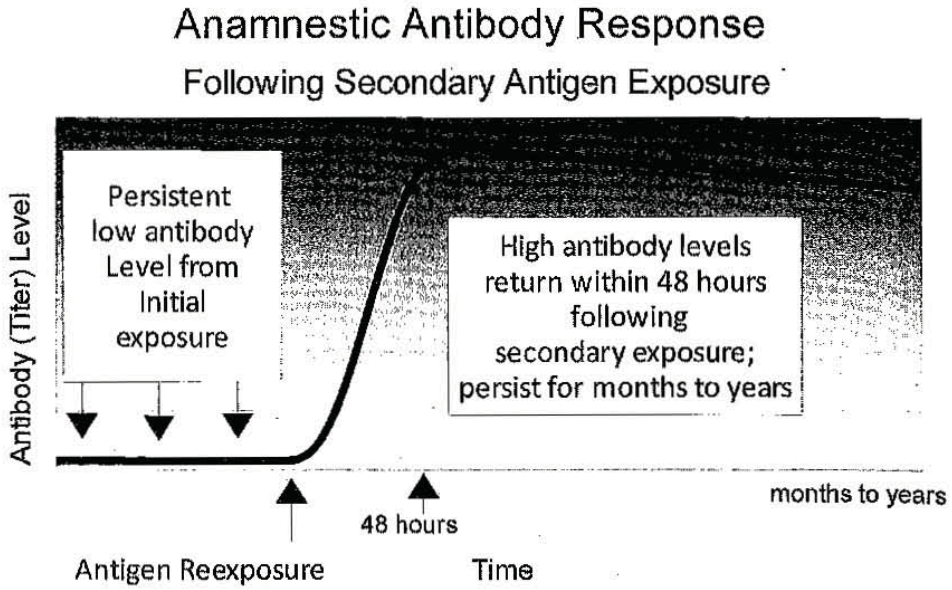
The CDV antibody-specific ß;-lymphocytes, however, never disappear. The immune system maintains a low population of these cells, just in case. They are sometimes called memory cells because they "remember" their specific antigen, in this case CDV. If the immune system "sees" CDV again,



the cells rapidly divide and multiply, producing protective antibody levels within forty-eight hours. It's a bit like firefighters. As long as there is no fire, we can forget they are around, but they are still there at the fire station, servicing trucks, taking firefighting classes, maybe even playing cards. Shortly following a fire alarm, however, they are everywhere. The anamnestic response is like this. You can test antibody titers and find very little antibody because it is not currently needed. But should reexposure occur, antibodies are everywhere, just like the firefighters. See the chart titled "Anamnestic Antibody Response" for more clarity. The line on this chart is a continuation of the previous one; the low antibody levels at the beginning follow the drop in antibody levels on the first chart.

Sometimes the circulating antibody level, as measured by a titer test, is actually below levels we consider protective. In the second chart, on the anamnestic response, this is represented by the flat line at the beginning, marked "persistent low antibody level from initial exposure." This is typically in an animal who has not been vaccinated for or exposed to CDV (using our example) in a long time, usually years. Upon reexposure, however, protective levels occur quickly. This is important, as this is often misunderstood or ignored. We'll see why in a minute as we examine titer testing.

A titer—from the word *titrate*—is an analysis of serum for circulating antibody levels against a given antigen. To assess antibody response, laboratory technicians test serum (the liquid component of blood, excluding blood



cells and clotting agents) against specific antigens to see if the serum proteins bind with the antigen. This binding we call agglutination. Here is how it works (the process is called titration): we'll continue with CDV as our example. The tech would take a given quantity of CDV and mix it with a given quantity of serum. If she found agglutination, she would then dilute the serum with equal parts of a diluent (diluting solution). If she still got agglutination, she would dilute again and retest. She would continue this stepwise dilution and testing until she reached a dilution that did not agglutinate. Then she would know she had reached the limit. The previous dilution, the last one that did agglutinate with CDV, would be the titer level. As this process has historically been done by diluting the serum to half-strength in each step, titers were (and still often are) reported in multiples of two. A serum sample that only agglutinated at the first dilution would have a titer of 1:2. A sample that agglutinated at the first and second dilutions would be 1:4, and one that agglutinated to the third dilution would be 1:8. This could go on as far as agglutination occurred. The higher the dilution at which agglutination occurs, the more antibody is present in the serum. Thus, higher titers are those that have a higher second number; the first number is always one. Titers may reach to 1:1,024 and even higher. Essentially, a titer is not a direct measurement of antibody; rather it is an inverse measurement in that it refers to the level of dilution at which the antibody is still capable of reacting to or neutralizing the antigen or virus.

In recent years, laboratories often dilute in steps of one to five, so the titer may be 1:5, 1:25, 1:125, and so on. Sometimes laboratories report the antibody level directly, in international units per milliliter (IU/ml). This is especially the case with rabies titers in most countries except the United States, as the World Health Organization utilizes antibody levels rather than titers for reporting and establishing minimum levels of protection. The numbering system is not critical, however, other than understanding what is higher or lower within a given system. Additionally, laboratories may measure the ability of antibody to neutralize live virus rather than simply the agglutination (this is the case with rabies). Again, this is not so important to know as is how your animal's test results compare with normal values and minimum protective levels.

The next step is to determine what minimum titer level is a protective level. This is complex, as it involves various factors, sometimes including animal testing. The why and how of this is not important here. The only important aspect is that laboratories or researchers determine a minimum titer that they deem protective against a given agent. It may vary, depending upon the disease organism. Essentially, however, the intent is to ascertain at what level it is clear that a vaccine (or an exposure) has induced a protective antibody response. Once this is determined, titer testing can tell if a given individual adequately responded to a vaccine. At least that is the idea, and it does work, but timing is critical.

Remember in the charts how the antibody level drops after a time if there is no reexposure? And how, upon reexposure, antibody levels rapidly climb to protective levels? This is where that comes into play. Here is why. We'll return to CDV. With at least one major laboratory, the minimum protective titer to CDV is 1:5. That is, the serum still reacts to the virus at a five-fold dilution. Now, suppose you vaccinate your puppy and then test him three weeks later. Chances are good that you would see a titer higher than 1:5, unless he is not capable of a proper immune response, which is rare. But what if you do not test him for a year? If he has not run into CDV on the street somewhere, his titer may have dropped below that 1:5 level. If we only look at that one isolated test, we might assume he is not protected, and many veterinarians would recommend a booster vaccine. Unfortunately, without testing at three to six weeks following the vaccine, we do not know if he had a response initially or not. If he did, then we know that the anamnestic response will pick up and cover him upon subsequent expo-

sure. If he never developed a protective antibody level, then he may or may not have an adequate anamnestic response.

Now, what about the dog who was vaccinated twice, or who had a vaccine and then a street exposure somewhere? His titer will remain high much longer, months to years, so yearly titer testing is likely to find him protected, at least for a year, two years, maybe five to seven years. At some point, however, the antibody and titer level may drop. Here is the other place where veterinarians, doctors, and others err with titer testing. A common recommendation is to do yearly titers (assuming the first one shows protective levels), wait for the titer to drop below the minimum protective level, and then give a booster. But wait, you now say! What about the anamnestic response? And you are absolutely correct. He does not need the booster because the memory cells are still there, ready and waiting. The bottom line is that, if a dog ever shows a protective titer against CDV, then that dog is always protected against CDV. Are you with me? If not, refer again to the charts. A dog who at some point developed protective antibody levels against CDV will, even if those levels fall below what we call protective titer levels, regain or better those levels within forty-eight hours (often much sooner) upon reexposure. The booster vaccine is a waste of time, money, and stress.

So, are titers useful? Yes, they are. Are yearly titers useful? No, they are not. Essentially, if you have read this entire chapter, you still realize that I do not recommend vaccination for most animals for most conditions. In that case, don't worry about titers. If you vaccinate, however, you could have your veterinarian run titers three or four weeks following the vaccine. If the titer is protective, then forget it. Don't worry again about that disease. Your animal is protected. You could even test a young animal, at about six months, even if you did not vaccinate him, to see if he may have been exposed somehow and developed a protective titer. (This especially applies to outside animals, but it is also more important for them.) If so, again, relax. If not, you can decide whether you feel the risk of disease exposure is great enough to gamble with the risk (arguably more certain) of vaccine damage. Titer testing is only useful for the big diseases, like canine distemper and parvovirus, feline distemper, possibly canine hepatitis virus, and rabies. But see the next two paragraphs about rabies titers.

With rabies, I must give a cautionary note. In all likelihood, rabies titers work just the same as with other diseases. Once there is a protective titer, the animal is protected. There is an argument that this does not hold true

for rabies. That argument, as best as I can determine, comes mostly from vaccine manufacturers, so I question its validity. Further, immunologists like Dr. Schultz believe that titers provide the same guidance with rabies as with other diseases. As of this writing, however, no state public health agency has gone out on a limb and officially accepted titers in lieu of their revaccination requirements. While this is not in accordance with immunological understanding, they err on the side of caution. As rabies is a threat to humans, the laws are to protect humans, even if dogs and cats (and other species) suffer from overvaccination. Everyone in the public health field is reticent to accept titers instead of boosters, in case it turns out that titers are not protective. It is a liability issue. And a shame, as there is little likelihood that titers are not accurate here, and there is so little risk for the vast majority of animals.

Should you choose to use titers in lieu of rabies boosters, you will most likely be breaking the law in your state. You will be on your own, and your local veterinarian will most likely be resistant to your choice. You can still request the titer, however. You want the RFFIT test, and you can ask your veterinarian to send the sample directly to Kansas State University (www.vet.k-state.edu/depts/dmp/service/) or Auburn University (www.vetmed.auburn.edu/index.pl/virology). These are the only laboratories in the United States (and for Canada, I believe) where rabies testing is done. The commercial labs send the samples to these university labs, and they just mark up the cost. I am totally comfortable with protective rabies titers, but the law is not on my side—yet. Work within your state to get these laws changed. Rabies vaccines do cause damage, and beyond one or two vaccines they are almost wholly unnecessary.

Summary

In summary, I hope that you understand a few things:

- While vaccination may have reduced illness in some cases with acute contagious diseases, it is not so clear what the impact has been. In diseases such as bovine herpesvirus and polio, countries where vaccination was not major saw reductions in disease to the same extent as countries that utilized vaccinations. Herd immunity (immunizing the majority of a population) is important, but this may occur as much by natural exposures as by vaccination.

- Even if vaccination is helpful, only initial vaccination is necessary. As I explained in the "Titers" section, once immunized, we are immunized for life with vaccines for acute contagious diseases. Booster vaccines are wholly unnecessary.
- Core vaccines for dogs are distemper, parvovirus, and rabies, as well as adenovirus-2 (for canine hepatitis) in rare circumstances.
- Core vaccines for cats are panleukopenia (distemper) and rabies.
- For the core vaccines, one appropriately timed vaccine provides lifetime immunity in about 95 percent of animals. Rabies may require two vaccines for this.
- Vaccination for upper respiratory infections of dogs (kennel cough) and cats (rhinovirus, calicivirus) are usually unnecessary, but intranasal vaccination is best. Nosodes can work well for these as well, though.
- Diseases that are not acute contagious diseases do not benefit from vaccination. These include such diseases as feline leukemia virus, feline immunodeficiency virus, feline infectious peritonitis virus, Lyme disease, ringworm, and giardiasis.
- Vaccines can and do cause disease, sometimes severe disease. They are not the "helpful or neutral" agents that we formerly thought they were. They have great potential to do harm, and I believe the harm they do is vast. We are only beginning to understand the extent of vaccine damage. In fact, I suspect that we will abandon vaccination entirely before too long, once we as a medical society and as a general society grasp the degree of this damage.
- The more vaccinations we give, the more likely the damage, although sometimes one vaccine initiates a cascade of problems. This may result from damage passed on from parents to offspring, whether via genetic or other means.
- I do not recommend vaccination in almost all circumstances. While many may see this as extreme, I believe the risk of vaccination outweighs the risk of disease for the vast majority of animals in the vast majority of circumstances. Arguably, those of us who do not vaccinate our animals may depend upon the majority who do, but as explained in the first item in the summary, it is not totally clear how much vaccination plays a part. There is a risk in not vaccinating, but there is a risk in vaccinating. Each guardian must weigh these risks for herself.

- Rabies, as a public health threat, falls somewhat outside these bounds, as vaccination is mandated by law. The law, however, is based more upon fear than upon immunology, and it should be changed. Until then, any decision not to vaccinate as the law mandates should be taken seriously. It is a matter of weighing your companion animals' health against complying with the law, while not putting yourself or others at undue risk.
- Nosodes do work for immunity but must be given near exposure. They do not work like vaccines and do not provide long-lasting immunity. They can be problematic if repeated for too long.
- Titers can assess immunity, but once an individual shows a protective titer to a given illness, there is no need for further testing, as immunity is lifelong.

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